



Form MCSA-5876

OMB No. 2126-0006 Expiration Date: 8/31/2018

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Medical Examiner's Certificate
(for Commercial Driver Medical Certification)

U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

I certify that I have examined Last Name: ALI First Name: Mon in accordance with (please check only one):

☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) OR

☐ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):

☐ Wearing corrective lenses ☐ Accompanied by a _____ waiver/exemption ☐ Driving within an exempt intracity zone (49 CFR 391.62) (Federal)

☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.64 (Federal)

☐ Grandfathered from State requirements (State)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date

2/13/20

Medical Examiner's Signature <u>[Signature]</u>	Medical Examiner's Telephone Number <u>4106876462</u>	Date Certificate Signed <u>2/13/18</u>
Medical Examiner's Name (please print or type) <u>Dorpan Porech</u>	<input type="radio"/> MD <input checked="" type="radio"/> Physician Assistant <input type="radio"/> Advanced Practice Nurse	
Medical Examiner's State License, Certificate, or Registration Number <u>10504581</u>	<input type="radio"/> DO <input type="radio"/> Chiropractor <input type="radio"/> Other Practitioner (specify)	
	Issuing State <u>MD</u>	National Registry Number <u>3579628262</u>

Driver's Signature <u>[Signature]</u>	Driver's License Number <u>A-400-609-475-777</u>	Issuing State/Province <u>MD</u>
Driver's Address Street Address: <u>937 Punjab Circle</u> City: <u>Baltimore</u> State/Province: <u>MD</u> Zip Code: <u>21221</u>	CLP/CDL Applicant/Holder <input checked="" type="radio"/> Yes <input type="radio"/> No	

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