Form MCSA-5876

OMB No.: 2126-0006 Expiration Date: 03/31/2025

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

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

I certify that I have examined **Last Name:** QARAJA **First Name:** MUTASEM 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:** 10/16/2025

**Medical Examiner's Signature**

**Medical Examiner's Telephone Number:** 614-921-0648

**Date Certificate Signed:** 10/16/2023

**Medical Examiner's Name** *(please print or type)*: Andrew Krofft

( ) MD (•) Physician Assistant ( ) Advanced Practice Nurse
( ) DO ( ) Chiropractor ( ) Other Practitioner *(specify)* _____

**Medical Examiner's State License, Certificate, or Registration Number:** 50.003588RX

**Issuing State:** OH

**National Registry Number:** 7323669413

**Driver's Signature**

**Driver's License Number:** SR468235

**Issuing State/Province:** OH

**Driver's Address**
Street Address: 2348 HEATHCHASE DR City: HILLIARD State/Province: OH Zip Code: 43026

**CLP/CDL Applicant/Holder** (•) Yes ( ) No

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