Form MCSA-5876

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

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

MEDICAL EXAMINER'S CERTIFICATE

(for Commercial Driver Medical Certification)

CMV DRIVER CERTIFICATION

I certify that I have examined *(last name)* Diaz *(first name)* Victor 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
☐ Wearing hearing aid
☐ Accompanied by a waiver/exemption (*specify type*): _____
☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate
☐ Driving within an exempt intracity zone (49 CFR 391.62) *(Federal)*
☐ 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
11/30/2025

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature

Medical Examiner's Telephone Number
(708)496-1515

Date Certificate Signed
11/30/2023

Medical Examiner's Name *(please print or type)*
Abraham, Jeneson

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

Medical Examiner's State License, Certificate, or Registration Number
085.002537

Issuing State
IL

National Registry Number
3106062777

CMV DRIVER INFORMATION

Driver's Signature

Driver's License Number
47739421

Issuing State/Province
TX

CLP/CDL
◉ Yes ○ No

Driver's Address
Street Address: 2001 S Voss Rd Apt 309 City: Houston State/Province: TX Zip Code: 77057-

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Mr. Jeneson Abraham
(Physician Assistant)

Not accepting examination requests at this time. Please do not contact to schedule an examination.

National Registry Number	Certification Date
3106062777	05/17/2014