

m MCSA-5876

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MEDICAL EXAMINER'S CERTIFICATE

(for Commercial Driver Medical Certification)

J.S. Department of Transportation

Federal Motor Carrier

Safety Administration

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 ☐ Accompanied by a waiver/exemption (specify type): _____

☒ Wearing hearing aid ☐ 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)

Medical Examiner's Certificate Expiration Date

11/30/2025

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 INFORMATION

Medical Examiner's Signature

Medical Examiner's Name (please print or type)

Abraham, Jeneson

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

085.002537

Medical Examiner's Telephone Number

(708)496-1515

Date Certificate Signed

11/30/2023

☐ MD ☒ Physician Assistant ☐ Advanced Practice Nurse☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____

Issuing State

IL

National Registry Number

3106062777

CMV DRIVER INFORMATION

Driver's Signature

Driver's Address

2001 S Voss Rd Apt 309

Street Address:

City: Houston

Driver's License Number

47739421

Issuing State/Province

TX

Zip Code: 77057- ☒ Yes ☐ No

CLP/CDL

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FMCSA

Federal Motor Carrier Safety Administration



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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

