Form MCSA-5876

OMB No. 2126-0006 Expiration Date 9/30/2019

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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:** Batelus **First Name:** Lumenes 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
- ☐ 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: 03/24/25

Medical Examiner's Signature: [signature]

Medical Examiner's Telephone Number: 5618810066

Date Certificate Signed: 03/24/23

Medical Examiner's Name (please print or type): Jon Kudrowitz

○ MD ● Physician Assistant ○ Advanced Practice Nurse
○ DO ○ Chiropractor ○ Other Practitioner (specify) ________

Medical Examiner's State License, Certificate, or Registration Number: PA9105136

Issuing State: FL

National Registry Number: 2370480794

Driver's Signature: [signature]

Driver's License Number: B342-520-80-0200

Issuing State/Province: FL

Driver's Address
Street Address: 1614 Tropical DR City: Lake Worth State/Province: Fl Zip Code: 33460

CLP/CDL Applicant/Holder: ☒ Yes ○ No

DOT_GENCARD

United States Department of Transportation

FMCSA

Federal Motor Carrier Safety Administration

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