Form MCSA-5876

OMB No.: 2126-0006 Expiration Date: 12/31/2024

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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:** Montero Lopez **First Name:** John 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
05/19/2025

Medical Examiner's Signature

Medical Examiner's Telephone Number
(407) 649-3899

Date Certificate Signed
05/19/2023

Medical Examiner's Name *(please print or type)*
Drew Larkins

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

Medical Examiner's State License, Certificate, or Registration Number
CH10082

Issuing State
Florida

National Registry Number
4283052821

Driver's Signature

Driver's License Number
M536479973240

Issuing State/Province
Florida

Driver's Address
Street Address: 3203 Sweet Acres Pl City: Saint Cloud State/Province: FL Zip Code: 34772

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

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Rev 1/5/22

Dr. Drew Larkins
(Doctor Of Chiropractic)

Email Website

Practice Business Name
Accident Care Clinic BDA Care Clinic Plus

Address
136 E. Colonial Drive Orlando, FL 32801

Hours of Operation
9 am to 6pm mon to thursday

National Registry Number
4283052821

Certification Date
05/06/2021

Distance
N/A

Business Phone
(407) 649-3899

Business Fax Number
4076493065

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