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:** Cuya **First Name:** David A 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 393.64 *(Federal)*
☐ Grandfathered from State requirements *(State)*

**Medical Examiner's Certificate Expiration Date:** 12-27-25

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 Signature**

**Medical Examiner's Telephone Number:** 956 568 3638

**Date Certificate Signed:** 12-27-23

**Medical Examiner's Name** *(please print or type)*: Francisco Gutierrez

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

**Medical Examiner's State License, Certificate, or Registration Number:** M5140

**Issuing State:** TX

**National Registry Number:** 5584527151

**Driver's Signature** X

**Driver's License Number:** 27552199

**Issuing State/Province:** TX

**Driver's Address**
Street Address: 4127 Hunters Glen City: San Antonio State/Province: TX Zip Code: 78218

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

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Rev 3/29/22

EE# 466538

Mr. Francisco Gutierrez Garcia
(Medical Doctor)

Email Website

**Practice Business Name**
Francisco J Gutierrez MDPA

**Address**
6543 Grande Bay Laredo, TX 78041

**Hours of Operation**
-

**National Registry Number**
5584827151

**Certification Date**
06/05/2014

**Distance**
N/A

**Business Phone**
(956) 857-7241

**Business Fax Number**
9656425921

**Business Email**
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