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)

I certify that I have examined **Last Name:** Flores **First Name:** Rogelio 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)*:

- [X] 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
Aug 15, 2025

Medical Examiner's Signature
CNP

Medical Examiner's Telephone Number
(605) 995-5701

Date Certificate Signed
Aug 15, 2023

Medical Examiner's Name *(please print or type)*
Petersen, Penny NP

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

Medical Examiner's State License, Certificate, or Registration Number
CP000437

Issuing State
SD

National Registry Number
6505673925

Driver's Signature

Driver's License Number
02278656

Issuing State/Province
SD

Driver's Address

Street Address: 576 Nebraska Ave SW City: Huron State/Province: SD Zip Code: 57350

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

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Rev 3/29/22

Ms. Penny Petersen
(Nurse Practitioner)

Email Website

Practice Business Name
Avera Occupational Medicine

Address
525 N Foster Mitchell, SD 57301

Hours of Operation
08:00am-04:30pm

National Registry Number
6505673925

Certification Date
09/04/2013

Distance
N/A

Business Phone
(605) 995-5701

Business Fax Number
6059955700

Business Email
penny.petersen@avera.org

Business Website
www.avera.org/occmedmitchell