Form MCSA-5876

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

Please note, the expiration date on this form relates to the process for renewing the Information Collection Request that includes this form with the Office of Management and Budget. This requirement to collect information as requested on this form does not expire.

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U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

MEDICAL EXAMINER'S CERTIFICATE
(for Commercial Driver Medical Certification)

CMV DRIVER CERTIFICATION

I certify that I have examined *(last name)* MORALES *(first name)* REINERIO 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 *(specify type)*: _____
- [ ] 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: 10-11-2024

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature: Darell Rich D.C.

Medical Examiner's Telephone Number: 844-693-2782

Date Certificate Signed: 10.11.2022

Medical Examiner's Name *(please print or type)*: DARELL RICH

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

Medical Examiner's State License, Certificate, or Registration Number: CH 8741

Issuing State: Florida

National Registry Number: 3889855894

CMV DRIVER INFORMATION

Driver's Signature: [signature]

Driver's License Number: M642720861000 **Issuing State/Province**: FL

Driver's Address
Street Address: 710 NIMITZ BLV **City**: LEHIGH ACR **State/Province**: FL **Zip Code**: 33974

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

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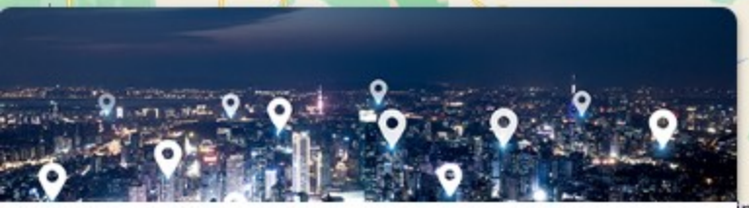
Rev 12/15/21



Search Medical Examiners

City, State or Zipcode | 10 | Miles

National Registry Number: 3889855894

Business Name:

First Name:

Last Name:

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Previous Page | 1 of 1 | Next Page

Dr. Darell Rich (Doctor Of Chiropractic)

Fast Cdl Physical

5781 Bayshore Rd #103 N Ft Myers, FL 33917

(844) 693-2782 *N/A*