OMB No.: 2126-0006 Expiration Date: 03/31/2025

Form MCSA-5876

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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: Montilla First Name: Manuela 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 393.68 *(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: 02-08-2026

Medical Examiner's Signature: [signature]

Medical Examiner's Telephone Number: 956-717-2600

Date Certificate Signed: 02-08-2024

Medical Examiner's Name *(please print or type)*: DELORES V RODRIGUEZ RN FNP APRN

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

Medical Examiner's State License, Certificate, or Registration Number: AP108719

Issuing State: Texas

National Registry Number: ☑ 5284831952

Driver's Signature: X [signature]

Driver's License Number: M534541851890 **Issuing State/Province:** FL

Driver's Address Street Address: 7312 Pine Tree Ln City: Lake Clarke State/Province: FL Zip Code: 33406

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

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Ms. Delores Rodriguez
(Advanced Practice Registered Nurse)

Email Website

Practice Business Name
LAREDO ANTIDOPING AGENCY

Address
302 CROSSROADS SUITE F LAREDO, TX 78045

Hours of Operation
m-f 8 to 5

National Registry Number
5284831952

Certification Date
02/01/2014

Distance
N/A

Business Phone
(956) 568-2330

Business Fax Number
9565682341