Form MCSA-5876 OMB No.: 2126-0006 Expiration Date: 09/30/2

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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:** Rodas Lopez **First Name:** Gabriel 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)*:

☐ 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: 8/24/2024

Medical Examiner's Signature: Catherine Post DC

Medical Examiner's Telephone Number: (479) 530-8508

Date Certificate Signed: 8/24/2022

Medical Examiner's Name *(please print or type)*: Catherine A. Post, D.C.

☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse
☐ DO ☒ Chiropractor ☐ Other Practitioner (specify) _____

Medical Examiner's State License, Certificate, or Registration Number: 16272

Issuing State: Arkansas

National Registry Number: 4949537568

Driver's Signature:

Driver's License Number: 942221032

Issuing State/Province: Arkansas

Driver's Address
Street Address: 1248 Electric Ave Ste C City: Springdale State/Province: AR Zip Code: 72764

CLP/CDL Applicant/Holder ☒ Yes ☐ No

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Rev. 5/29/12

←

Dr. Cathrine Post
(Doctor Of Chiropractic)

Email Website

Practice Business Name
Post DOT Physicals

Address
3061 Market Ave Suite 7 Fayetteville, AR 72703

Hours of Operation
m - f 8:00 - 4:00

National Registry Number
4949537566

Certification Date
02/10/2021

Distance
N/A

Business Phone
(479) 530-8606

Business Fax Number
4794359351

Business Email
cpost00343@outlook.com

Business Website
www.postdotphysicals.com