Form MCSA-5875

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

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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)** Lopez **(first name)** Leonardo 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 *(specify type)*: _____

☐ Wearing hearing aid ☐ 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: 05/22/2025

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature

Medical Examiner's Name *(print or type)*: Armando Perez, MD

Medical Examiner's Telephone Number: 305-882-1100

Date Certificate Signed: 05/22/2023

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

Medical Examiner's State License, Certificate, or Registration Number: ME-91655

Issuing State: FL

National Registry Number: 4272389252

CMV DRIVER INFORMATION

Driver's Signature: Leonardo Lopez

Driver's License Number: L121520700240

Issuing State/Province: FL

Driver's Address *(street address)*: 1225 W Cleechobee Rd Apt 2A

City: Hialeah

State/Province: FL

CLP/CDL Applicant/Holder: ● Yes ○ No

33010

United States Department of Transportation

FMCSA
Federal Motor Carrier Safety Administration

NATIONAL REGISTRY OF CERTIFIED MEDICAL EXAMINERS

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Previous Page | 1 of 1 | Next Page

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