Form MCSA-5876

OMB No. 2126-0006 Expiration Date: 03/31/2028

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:** Oliveira **First Name:** Rafael 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 391.41-391.47) 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)
- ☐ 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: 4/7/2027

Medical Examiner's Signature Sherrilynn Smith FNP-C

Medical Examiner's Telephone Number: (708) 929-1569

Date Certificate Signed: 4/7/2025

Medical Examiner's Name *(please print or type)*: SherriLynn Smith

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

Medical Examiner's State License, Certificate, or Registration Number: 209026521

Issuing State: IL

National Registry Number: 4808203971

Driver's Signature [signature]

Driver's License Number: D416720812050

Issuing State/Province: FL

Driver's Address
Street Address: 36 drive brook City: Barryville State/Province: NY Zip Code: 12719

CLP/CDL Applicant/Holder ☒ Yes ☐ No

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Rev 3/27/25

Federal Motor Carrier Safety Administration

NATIONAL REGISTRY OF CERTIFIED MEDICAL EXAMINERS

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Mrs. SherriLynn Smith
(Advanced Practice Registered Nurse)

Email | Website

Practice Business Name
Midwest Express Clinic

Address
3314 S Cicero Ave Unit B Cicero, IL 60804

Hours of Operation
-

National Registry Number
4808203971

Certification Date
06/15/2023

Distance
N/A

Business Phone
(708) 391-3030

Business Fax Number
-

Business Email
cicero@midwestexpressclinic.com