Form MCSA-5876

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)

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 391.41-391.49) 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
06/01/2025

Medical Examiner's Signature Guerda Johnson FNP-C

Medical Examiner's Telephone Number (903) 231-5552

Date Certificate Signed 06/01/2023

Medical Examiner's Name *(please print or type)*
Guerda Johnson

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

Medical Examiner's State License, Certificate, or Registration Number
AP132062

Issuing State
Texas

National Registry Number
6226743242

Driver's Signature [signature]

Driver's License Number
0416720812050

Issuing State/Province
Florida

Driver's Address
Street Address: 5483 Vineland Rd # 10209 City: Orlando State/Province: FL Zip Code: 32811

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

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Rev 1/5/22

Mrs. Guerda Johnson
(Nurse Practitioner)

Email Website

Practice Business Name
Smart Choice Medical Clinic

Address
3347 Old Jacksonville Hwy STE 100 Tyler, TX 75701

Hours of Operation
-

National Registry Number
6226743242

Certification Date
11/30/2021

Distance
N/A

Business Phone
(903) 231-5552

Business Fax Number
-

Business Email
gjohnson@smartchoiceclinic.com

Business Website
smartchoiceclinic.com