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:** FERNANDEZ **First Name:** VICTOR 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)*:

- [x] 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 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
06/11/2024

Medical Examiner's Signature [signature]

Medical Examiner's Telephone Number (407) 847-2796

Date Certificate Signed 06/11/2022

Medical Examiner's Name *(please print or type)*
Roberto Baldassarre

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

Medical Examiner's State License, Certificate, or Registration Number
PA9111425

Issuing State Florida

National Registry Number 1175498866

Driver's Signature [signature]

Driver's License Number F655-864-63-047-0

Issuing State/Province Florida

Driver's Address
Street Address: 11215 OLD HARBOR RD APT 207 City: ORLANDO State/Province: FL Zip Code: 32837

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

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United States Department of Transportation

FMCSA
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