Form MCSA-5876

OMB No. 2126-0006 Expiration Date: 03/31/2025

U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

1222100154249?

CMV DRIVER CERTIFICATION

I certify that I have examined **Last Name:** DOMINGUEZ JEREZ **First Name:** MIGUEL 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
- ☐ 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: 10/1/2024

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature: Nancy Bednarek

Medical Examiner's Telephone Number: (708) 546-0551

Date Certificate Signed: 10/1/2022

Medical Examiner's Name (please print or type): NANCY BEDNAREK

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

Medical Examiner's State License, Certificate, or Registration Number: 277000935

Issuing State: IL

National Registry Number: 5396823207

CMV DRIVER INFORMATION

Driver's Signature:

Driver's License Number: D552-541-86-098-0

Issuing State/Province: IL

Driver's Address

Street Address: 10715 5TH AVE CUTOFF City: LA GRANGE State/Province: IL Zip Code: 60525

CLP/CDL Applicant/Holder: ● Yes ○ No

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YOU MUST PROVIDE YOUR STATE DRIVER LICENSING AGENCY WITH THE COPY OF THE MEDICAL CERTIFICATE. MEB STOP DOES NOT SEND IT TO THE SOLA

United States Department of Transportation

FMCSA
Federal Motor Carrier Safety Administration

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(708) 546-0551 N/A Directions

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