Form MCSA-5876

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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:** COPPINGER CHAMORRO **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 ☐ 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 ☐ 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: 5/8/2026

Medical Examiner's Signature: M Lampell
Medical Examiner's Telephone Number: 239-303-5020
Date Certificate Signed: 5/8/2024

Medical Examiner's Name *(please print or type)*: MARC LAMPELL
(●) MD ( ) DO ( ) Physician Assistant ( ) Chiropractor ( ) Advanced Practice Nurse ( ) Other Practitioner *(specify)* _____

Medical Examiner's State License, Certificate, or Registration Number: ME130939
Issuing State: FL
National Registry Number: 7211492331

Driver's Signature: MCC
Driver's License Number: C152-541-76-303-0
Issuing State/Province: FL

Driver's Address
Street Address: 1430 SCENIC ST City: LEHIGH ACRES State/Province: FL Zip Code: 33936

CLP/CDL Applicant/Holder: (●) Yes ( ) No

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Rev 3/1/23

Dr. Marc Lampell
(Medical Doctor)

Email | Website

Practice Business Name
Medexpress

Address
1120 Homestead Rd Lehigh Acres, FL 33936

Hours of Operation
-

National Registry Number
7211492331

Certification Date
10/16/2021

Distance
N/A

Business Phone
(239) 303-5020

Business Fax Number
-

Business Email
marc.lampell@medexpress.com