

MVA-DCS-0076

CNS-11-2025, Expiration Date: 10/11/2025

Disclaimer Statement
A Medical Examiner may not conduct an examination and certify a person to be a driver who is not a resident of the State of California. The Medical Examiner is not responsible for the accuracy of the information provided by the applicant. The Medical Examiner is not responsible for the accuracy of the information provided by the applicant. The Medical Examiner is not responsible for the accuracy of the information provided by the applicant.

Medical Examiner's Certificate
The California State Medical Examiner

Examinee's Last Name: **Barrientos** First Name: **Felix** (in accordance with source check only)

☒ The Federal Motor Carrier Safety Regulations (FMCSRs) and with knowledge of the driving rules, find this person is qualified, and, if applicable, only when the person is accompanied by a driver who is qualified and, if applicable, only when the person is accompanied by a driver who is qualified.

☐ The Federal Motor Carrier Safety Regulations (FMCSRs) and with knowledge of the driving rules, find this person is qualified, and, if applicable, only when the person is accompanied by a driver who is qualified.

☐ Wearing corrective lenses ☐ Accompanied by a driver who is qualified ☐ Driving with an existing medical condition (CER 11.2.2.1.1)

☐ Wearing hearing aid ☐ Accompanied by a driver who is qualified ☐ Qualified by operation of FMCSRs (CER 11.2.2.1.1)

☐ Accompanied by a driver who is qualified ☐ Accompanied by a driver who is qualified ☐ Accompanied by a driver who is qualified

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCS-5875, with any attachments, unaltered and complete, and is on file in my office.

Medical Examiner's Certificate Expiration Date: **10/11/2025**

Medical Examiner's Signature: **Douglas E Okpara, MD** Medical Examiner's Telephone Number: **(310) 631-5655** Date Certificate Signed: **10/11/2023**

Medical Examiner's Name (Printed Name): **Douglas E Okpara** ☒ MD ☐ Physician Assistant ☐ Advanced Practice Nurse

Medical Examiner's State License, Certificate, or Registration Number: **069444** ☐ DO ☐ Chiropractor ☐ Other Practitioner (Specify):

Issuing State: **CA** National Registry Number: **3071424317**

Driver's Signature: **[Signature]** Driver's License Number: **D3332055** Issuing State/Province: **CA**

Driver's Address: **2448 E 126th St, Apt 104, Compton, CA 90222** ☒ Applicant/Holder

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