

Public Burden Statement

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

MEDICAL EXAMINER'S CERTIFICATE
(for Commercial Driver Medical Certification)**CMV DRIVER CERTIFICATION**

I certify that I have examined (last name) Rodriguez (first name) Gilberto 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 (specify type): _____ ☐ 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 Date06/06/2026**MEDICAL EXAMINER INFORMATION****Medical Examiner's Signature****Medical Examiner's Telephone Number**(407) 201-2576**Date Certificate Signed**06/06/2024**Medical Examiner's Name (please print or type)**Maria Sanchez Avila☒ MD ☐ Physician Assistant ☐ Advanced Practice Nurse☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____**Medical Examiner's State License, Certificate, or Registration Number**ACN492**Issuing State**Florida**National Registry Number**2404579422**CMV DRIVER INFORMATION****Driver's Signature****Driver's License Number**R-362-280-77-446-1**Issuing State/Province**FL**Driver's Address****Street Address:** 2536 Sunrise Landing Loop **City:** TAUARES**State/Province:** FL**Zip Code:** 32778**CLP/CDL Applicant/Holder**☒ Yes ☐ No


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Dr. Maria Sanchez Avila
(Medical Doctor)



Email



Website

Practice Business Name
(Walking Clinic)

Address
3223 Hillsdale Lane Kissimmee, FL 34741

Hours of Operation
8:30 am to 5:00 pm

National Registry Number
2404579422

Certification Date
01/31/2024

Distance
N/A

Business Phone
(407) 201-2576

Business Fax Number
-

Business Email
drasanchez02@yahoo.com

