

# Medical Card

Form MCSA-5876

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

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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:** Gevela **First Name:** Leah F 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 ☐ 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

2-17-2025

Medical Examiner's Signature

Crystal Walls

Medical Examiner's Telephone Number

321 723 3627

Date Certificate Signed

2-17-24

Medical Examiner's Name (please print or type)

Crystal Walls

☐ MD ☐ Physician Assistant ☒ Advanced Practice Nurse

☐ DO ☐ Chiropractor

☐ Other Practitioner (specify) \_\_\_\_\_

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

APRN 11013902

Issuing State

FL

National Registry Number

6134918778

Driver's Signature

[Signature]

Driver's License Number

G620526793050

Issuing State/Province

FL

Driver's Address

Street Address: 1337 Helvenston St NW

City: Palm Bay

State/Province: FL

Zip Code: 32907

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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