Form MCSA-5876

OMB No.: 2126-0006 Expiration Date: 03/31/2

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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: Santana Gonzalez First Name: Yudel 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 393.64 (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: 01-04-26

Medical Examiner's Signature: [signature]

Medical Examiner's Telephone Number: 713-213-7803

Date Certificate Signed: 01-04-24

Medical Examiner's Name (please print or type): DR. JENNY T. LE

☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse
☐ DO ☒ Chiropractor ☐ Other Practitioner (specify) _____

Medical Examiner's State License, Certificate, or Registration Number: DC09174TX

Issuing State: TX

National Registry Number: 4762579227

Driver's Signature: [signature]

Driver's License Number: 41883800

Issuing State/Province: Tx

Driver's Address: Street Address: 10210 Fonora West DR Apt 208 City: Houston State/Province: TX Zip Code: 77086

CLP/CDL applicant/holder? ☒ Yes ☐ No

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Rev. 6/2015

Dr. Jenny Le

(Doctor Of Chiropractic)

Email Website

Practice Business Name
Wellness & Drivers Physical Clinic

Address
440 Benmar Dr., Ste. 1020 Houston, TX 77060

Hours of Operation
mon - fri: 9 - 5 pm

National Registry Number
4762579227

Certification Date
04/19/2014

Distance
N/A

Business Phone
(281) 741-3575

Business Fax Number
7133574833

Business Email
dr.jennyle@msn.com

Business Website
www.dotphysical101.com