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:** LOZADA **First Name:** JOSE 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
7/16/2025

Medical Examiner's Signature [signature]

Medical Examiner's Telephone Number 972-957-7539

Date Certificate Signed 7/16/2024

Medical Examiner's Name *(please print or type)*
DANIEL MULLANEY

( ) MD ( ) Physician Assistant ( ) Advanced Practice Nurse
( ) DO (●) Chiropractor ( ) Other Practitioner *(specify)* _____

Medical Examiner's State License, Certificate, or Registration Number
12757

Issuing State TX

National Registry Number 4259004201

Driver's Signature [signature]

Driver's License Number L230439724160

Issuing State/Province FL

Driver's Address
Street Address: 1110 MEADOW LAKE WAY City: WINTER SPRING State/Province: FL Zip Code: 32708

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

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Rev 3/1/23

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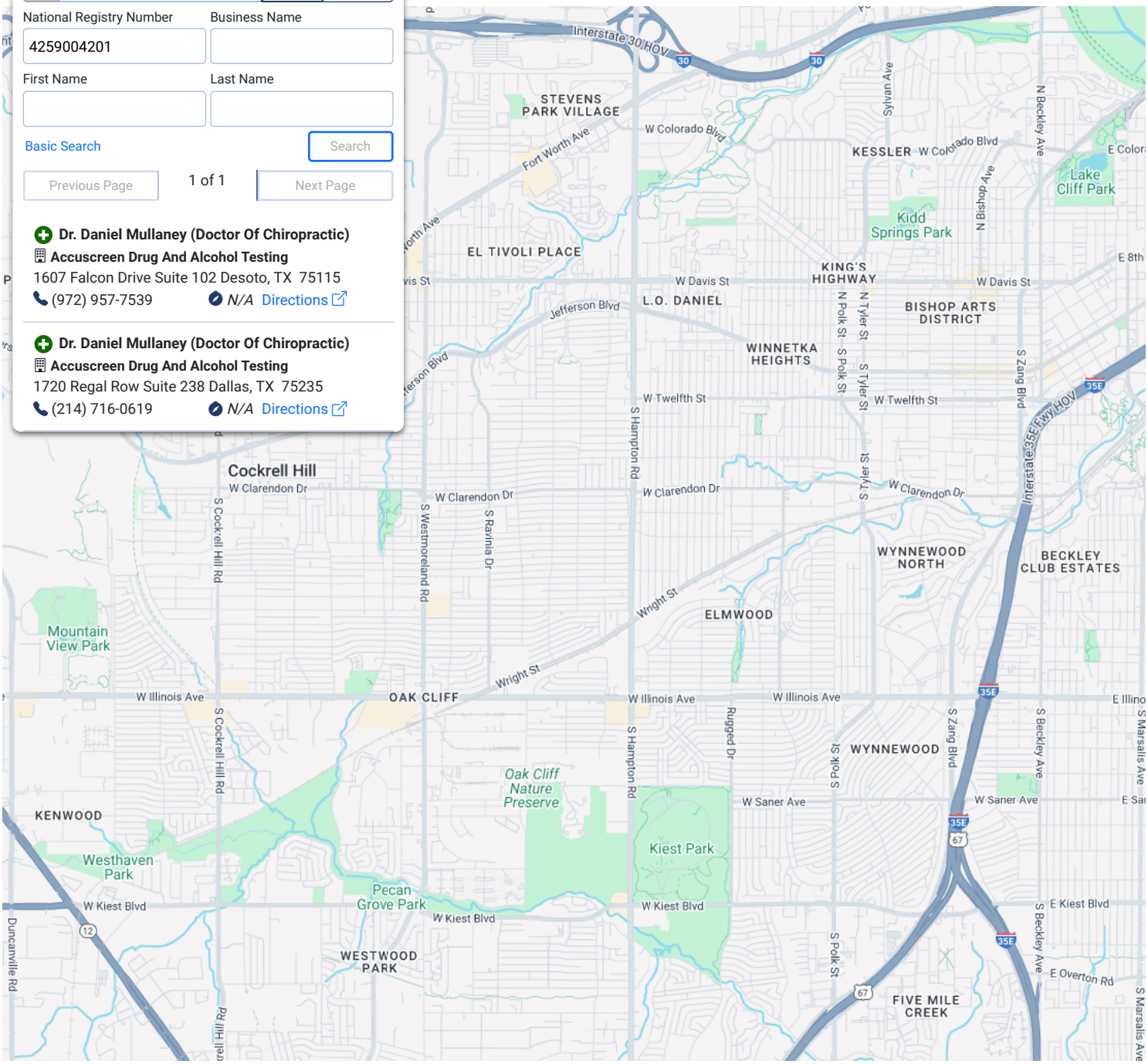
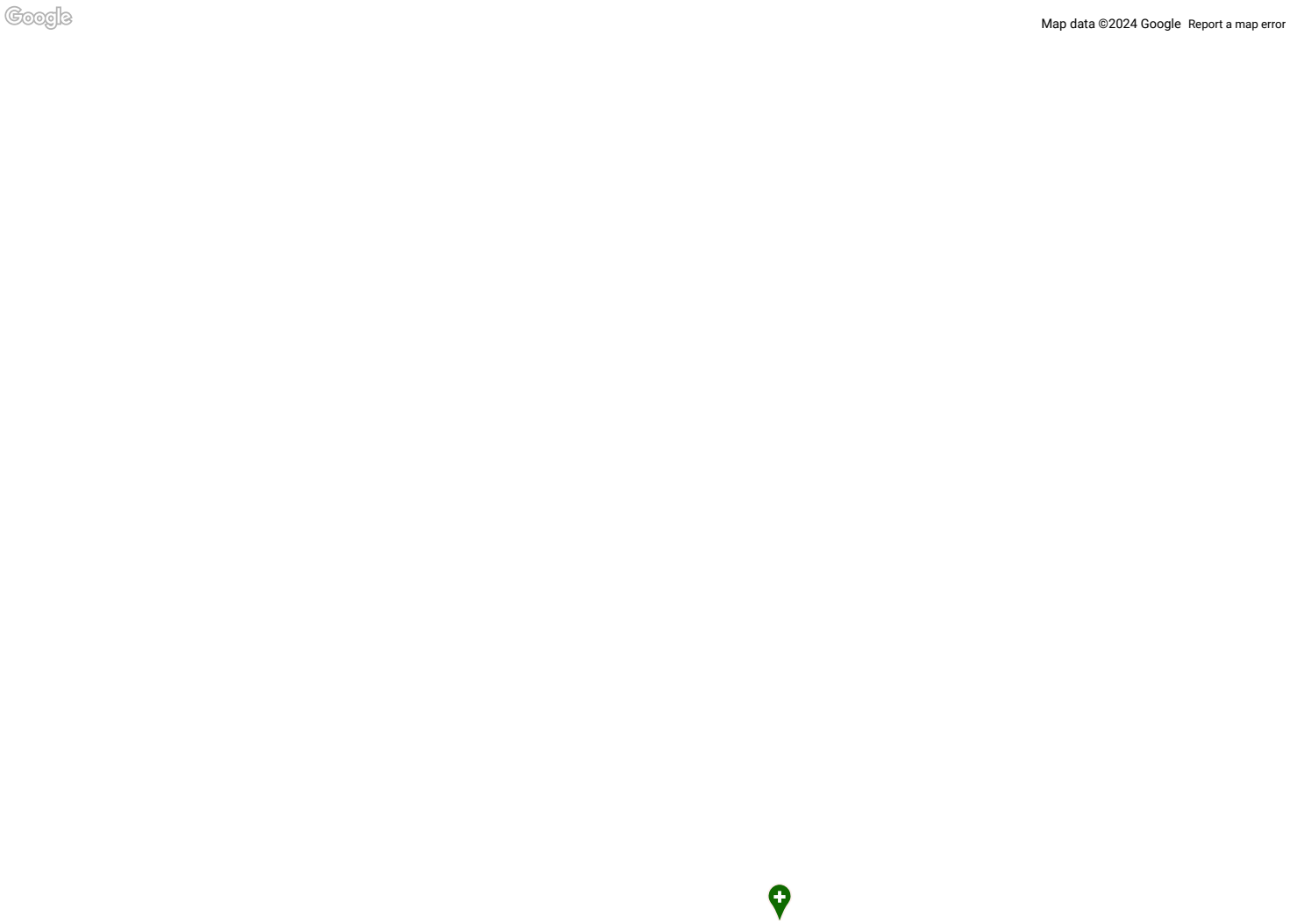
Dr. Daniel Mullaney (Doctor Of Chiropractic)
Accuscreen Drug And Alcohol Testing
1607 Falcon Drive Suite 102 Desoto, TX 75115
(972) 957-7539 *N/A* Directions

Dr. Daniel Mullaney (Doctor Of Chiropractic)
Accuscreen Drug And Alcohol Testing
1720 Regal Row Suite 238 Dallas, TX 75235
(214) 716-0619 *N/A* Directions

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