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:** ZUBEF TO ORTA **First Name:** ANEL in accordance with *(please check only one)*:

☒ the Federal Motor Carrier Safety Regulations (49 CFR [illegible]) 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 [illegible]) with any applicable State variance (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 [illegible] waiver/exemption ☐ Driving within an exempt intracity zone (49 CFR 391.62) (Federal)

☐ Wearing hearing aid ☐ Accompanied by [illegible] 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, is medically and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date: 5/2/2025

Medical Examiner's Signature [signature] **Medical Examiner's Telephone Number** (773) 629-8217 **Date Certificate Signed** 5/2/2023

Medical Examiner's Name *(please print or type)*: Laura Theisinger

○ MD ○ Physician Assistant ☒ Advanced Practice Nurse
○ DO ○ Chiropractor ○ Other Practitioner *(specify)*

Medical Examiner's State License, Certificate, or Registration Number: 209021064 **Issuing State:** [illegible] **National Registry Number:** 7877661053

Driver's Signature [signature] **Driver's License Number:** I166000894200 **Issuing State/Province:** FL

Driver's Address Street Address: 9713 ELM WAY City: TAMPA State/Province: FL Zip Code: 33635 **CLP/CDL Applicant/Holder** ☒ Yes ○ No

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Laura Theisinger (Advanced Practice Registered Nurse)

Midwest Express Clinic

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(773) 860-3171 *N/A* Directions