Form MCSA-5876

OMB No.: 2126-0006 Expiration Date: 12/31/2024

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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:** Custodio **First Name:** Francisco 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: 06/21/2025

Medical Examiner's Signature: [signature]

Medical Examiner's Telephone Number: 772 882-0701

Date Certificate Signed: 06/21/2023

Medical Examiner's Name *(please print or type)*: Susan P Sanders

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

Medical Examiner's State License, Certificate, or Registration Number: CH9771

Issuing State: FL

National Registry Number: 8754334744

Driver's Signature: [signature]

Driver's License Number: C233241960770

Issuing State/Province: FL

Driver's Address:
Street Address: 3507 Avenue R City: Fort Pierce State/Province: FL Zip Code: 34947

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

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Rev 1/5/22

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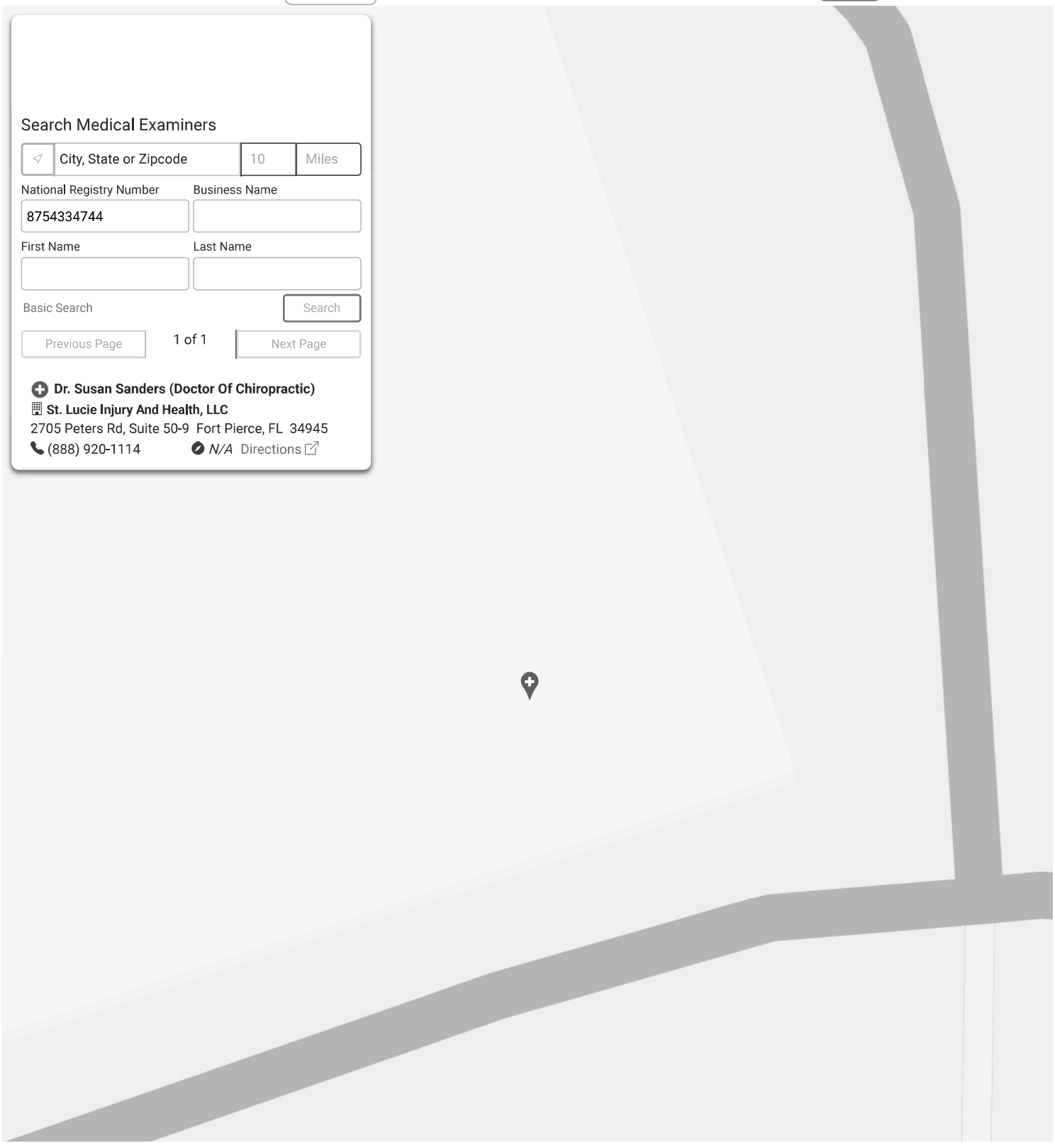
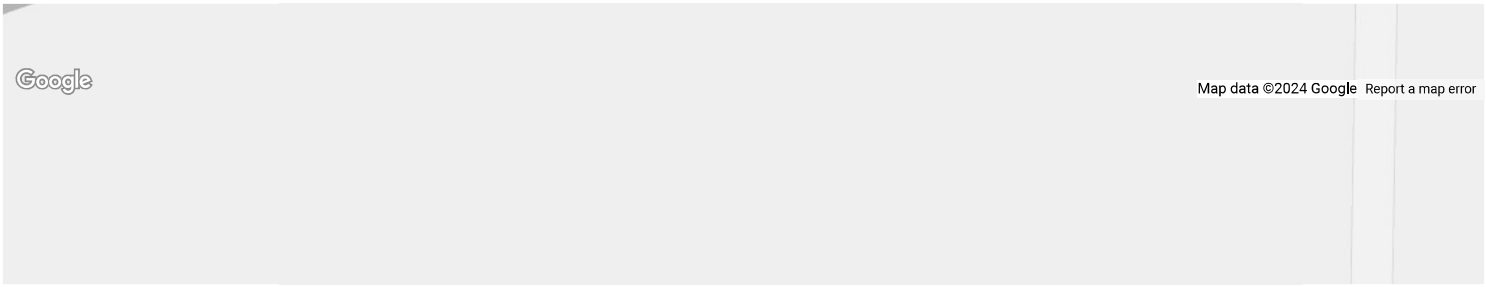
Dr. Susan Sanders (Doctor Of Chiropractic)
St. Lucie Injury And Health, LLC
2705 Peters Rd, Suite 50-9 Fort Pierce, FL 34945
(888) 920-1114 *N/A* Directions

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