Form MCSA-5876

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

U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

13230422500065

CMV DRIVER CERTIFICATION

I certify that I have examined **Last Name:** GIRALDO OROZCO **First Name:** RIGOBERTO 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
- ☐ Wearing hearing aid
- ☐ Accompanied by a _____ waiver/exemption
- ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate
- ☐ Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
- ☐ 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: 4/22/2025

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature A. Bilotta DO

Medical Examiner's Telephone Number: (630) 986-7501

Date Certificate Signed: 4/22/2023

Medical Examiner's Name (please print or type): ANTHONY BILOTTA

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

Medical Examiner's State License, Certificate, or Registration Number: 036073808

Issuing State: IL

National Registry Number: 6305202909

CMV DRIVER INFORMATION

Driver's Signature Rigoberto Giraldo

Driver's License Number: 060798568

Issuing State/Province: GA

Driver's Address

Street Address: 2435 WATERFOR PARK City: LAWRENCEVILLE State/Province: GA Zip Code: 30044

CLP/CDL Applicant/Holder: ● Yes ○ No

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YOU MUST PROVIDE YOUR STATE DRIVER LICENSING AGENCY WITH THE COPY OF THE MEDICAL CERTIFICATE. MED-STOP DOES NOT SEND IT TO THE SDLA.

Search Medical Examiners

City, State or Zipcode | 10 | Miles

National Registry Number: 6305202909

Business Name:

First Name:

Last Name:

Basic Search | Search

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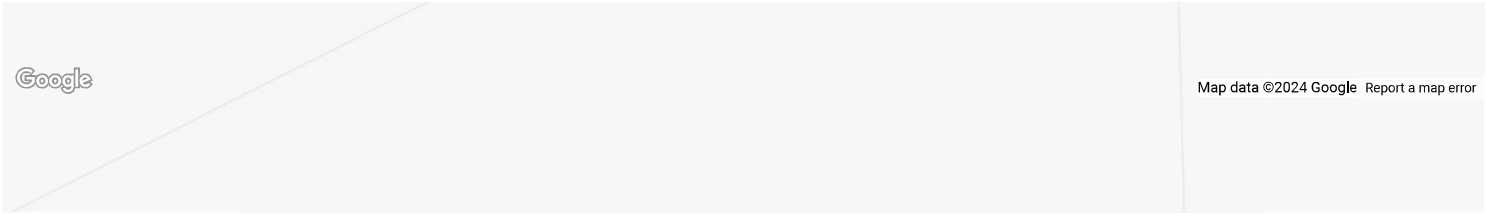
Dr. Anthony Bilotta (Doctor Of Osteopathy)
Willowbrook Medical Center
535 Plainfield Rd. Suite C Willowbrook, IL 60527
(630) 986-7501 *N/A* Directions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