

Form MCSA-5875

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

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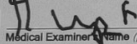
U.S. Department of Transportation  
Federal Motor Carrier  
Safety Administration

**Medical Examiner's Certificate**  
(for Commercial Driver Medical Certification)I certify that I have examined **Last Name:** Robinson **First Name:** Xavier in accordance with (please check only one):

- ☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.43) 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 391.41-391.43) 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 391.63) (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  
08/05/2026**Medical Examiner's Signature**  
(please print or type)

Keyse, Gretchen

Medical Examiner's State License, Certificate, or Registration Number  
AP132466**Medical Examiner's Telephone Number**(281)260-0087**Date Certificate Signed**08/05/2024

- ☐ MD ☐ Physician Assistant ☒ Advanced Practice Nurse  
☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) \_\_\_\_\_

**Issuing State**TX**National Registry Number**3263238978**Driver's Signature**  
(please print or type)

Robinson, Xavier

**Driver's License Number**R152957801460**Issuing State/Province**FL**CLP/CDL Applicant/Holder**Street Address: 24011 FARM HILL RD City: Spring State/Province: TX Zip Code: 77373 ☒ Yes ☐ No

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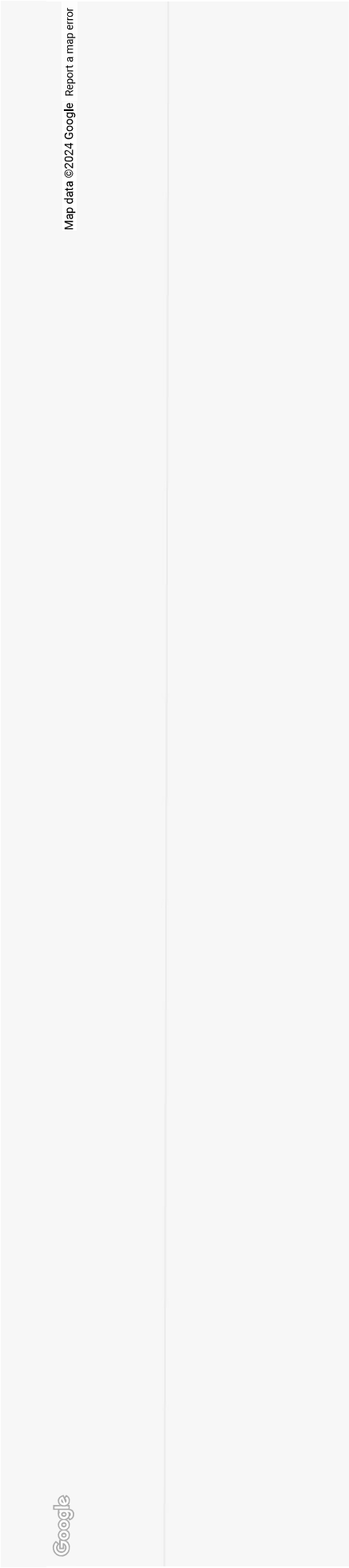
**➤ Ms. Gretchen Keyse (Nurse Practitioner)**

Concentra Medical Center

10909 I-10 East Freeway Houston, TX 77026

 (317) 675-4777

 N/A [Directions](#) 



Google

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