

Public Burden Statement

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

Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

Commercial Driver Medical Certification

I certify that I have examined Last Name: Garcia First Name: Dominguez 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 the 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 (State)

☐ 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 INFORMATION

Medical Examiner's Signature

Medical Examiner's Name

Medical Examiner State Lic. Certificate, or Reg. Number

Commercial Driver Information

Driver's Signature

Driver's Address

Street

Medical Examiner Phone Number

Medical Examiner's Certificate Expiration Date

Date Certificate Signed

☐ MD ☐ Physician Assistant ☐ Advanced Practical Nurse
☐ DO ☒ Chiropractor ☐ Other Practitioner (specify) _____
Issuing State LA National Registry Number 4105774209

Driver's Lic. Number

Issuing State/Province

State

Zip Code

CLP/CPA Applicant/Holder

☒ Yes ☐ No

This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping documents under control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements