Form MCSA-5876

OMB No. 2126-0006 Expiration Date: 05/31/2025

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

Medical Examiner's Certificate

(To Be Completed by a Medical Examiner)

I certify that I have examined **Last Name:** Padron **First Name:** Yoenis 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 ☐ Grandfathered from State requirements *(State)*

Medical Examiner's Certificate Expiration Date: 07-08-2025

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 Signature [signature]

Medical Examiner's Telephone Number: 337-981-6811

Date Certificate Signed: 4/8/25

Medical Examiner's Name *(please print or type)*: John Stafford

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

Medical Examiner's State License, Certificate, or Registration Number: 013845 **Issuing State:** LA **National Registry Number:** 5491392209

Driver's Signature [signature]

Driver's License Number: P365-960-83-094-1 **Issuing State/Province:** FL

CLP/CDL Applicant/Holder ● Yes ○ No

Driver's Address
Street Address: 1120 51st Ave E City: Bradenton State/Province: FL Zip Code: 34203

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United States Department of Transportation

FMCSA
Federal Motor Carrier Safety Administration

NATIONAL REGISTRY OF CERTIFIED MEDICAL EXAMINERS

Dr. John Stafford
(Medical Doctor)

Email Website

Practice Business Name
Stafford HealthCare Clinics

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Hours of Operation
8:00-3:00 m-f

National Registry Number
5471392209

Certification Date
03/01/2014

Distance
N/A

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