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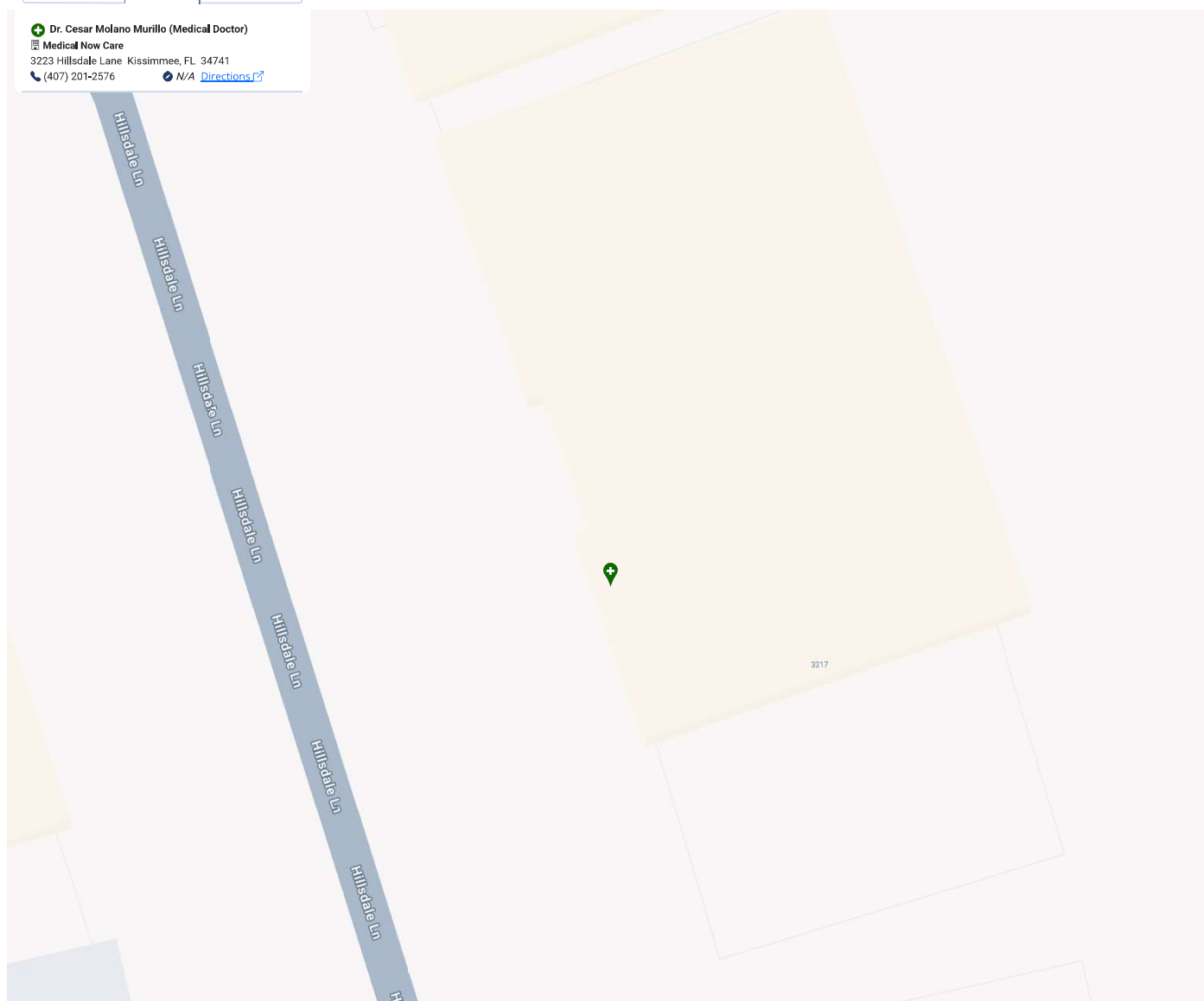
 

First Name Last Name

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1 of 1

 **Dr. Cesar Molano Murillo (Medical Doctor)**  
 **Medical Now Care**  
3223 Hillsdale Lane Kissimmee, FL 34741  
 (407) 201-2576  [N/A](#) [Directions?](#)





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U.S. DEPARTMENT OF TRANSPORTATION  
**Federal Motor Carrier Safety Administration**  
1200 NEW JERSEY AVENUE, SE  
WASHINGTON, DC 20590  
1-800-832-5660

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Form MCSA-5876

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

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U.S. Department of Transportation  
Federal Motor Carrier  
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### MEDICAL EXAMINER'S CERTIFICATE (for Commercial Driver Medical Certification)

#### CMV DRIVER CERTIFICATION

I certify that I have examined (last name) LLOYD (first name) ROBERT 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 (specify type): \_\_\_\_\_
- ☐ Wearing hearing aid ☐ 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

01/11/2026

#### MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature

Medical Examiner's Telephone Number  
(407) 201-2576

Date Certificate Signed

01/11/2024

Medical Examiner's Name (please print or type)

Cesar Molano Murillo, MD

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

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

ME140633

Issuing State

Florida

National Registry Number

2516692019

#### CMV DRIVER INFORMATION

Driver's Signature

Driver's License Number

L30076743330

Issuing State/Province

FL

Driver's Address

Street Address: 3012 Mesa Verde

APT 1802

City: ORLANDO

State/Province: FL

Zip Code: 32837

CLP/CDL Applicant/Holder  
☒ Yes ☐ No

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Rev 12/16/21