Form MCSA-5876

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

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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:** RIVERO **First Name:** Fernando 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)*:

[x] 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)*

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: 02/01/2026

Medical Examiner's Signature

Medical Examiner's Telephone Number: (954) 869-4320

Date Certificate Signed: 02/01/2024

Medical Examiner's Name *(please print or type)*: Lisa Ross

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

Medical Examiner's State License, Certificate, or Registration Number: APRN11011800

Issuing State: Florida

National Registry Number: 5215750030

Driver's Signature

Driver's License Number: R160-240-73-046-0

Issuing State/Province: Florida

Driver's Address
Street Address: 6250 NW 18TH ST City: MARGATE State/Province: FL Zip Code: 33063

CLP/CDL Applicant/Holder: (•) Yes ( ) No

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Rev. 1/5/22

FMCSA
Federal Motor Carrier Safety Administration

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Lisa Ross
(Nurse Practitioner)

Not accepting examination requests at this time. Please do not contact to schedule an examination.

National Registry Number	Certification Date
5715750030	06/29/2023