Form MCSA-5876 OMB No.: 2126-0006 Expiration Date: 03/31/2025

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

MEDICAL EXAMINER'S CERTIFICATE

(for Commercial Driver Medical Certification)

CMV DRIVER CERTIFICATION

I certify that I have examined *(last name)* Diaz *(first name)* Victor 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*): _____ ☐ 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 *(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
11/30/2025

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature

Medical Examiner's Telephone Number: (708)496-1515

Date Certificate Signed: 11/30/2023

Medical Examiner's Name *(please print or type)*: Abraham, Jeneson

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

Medical Examiner's State License, Certificate, or Registration Number: 085.002537

Issuing State: IL

National Registry Number: 3106062777

CMV DRIVER INFORMATION

Driver's Signature

Driver's License Number: 47739421

Issuing State/Province: TX

Driver's Address

Street Address: 2001 S Voss Rd Apt 309 City: Houston State/Province: TX Zip Code: 77057-

CLP/CDL: (•) 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 the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.

Mr. Jeneson Abraham
(Physician Assistant)

Email | Website

Practice Business Name
Concentra

Address
6500 West 65th St Chicago, IL 60638

Hours of Operation
-

National Registry Number
3106062777

Certification Date
05/17/2014

Distance
N/A

Business Phone
(708) 496-1515

Business Fax Number
-

Business Email
ashmeyers@concentra.com