Form MCSA-5876

OMB No.: 2126-0006 Expiration Date: 11/30/2021

Please note, the expiration date on this form relates to the process for renewing the Information Collection Request that includes this form with the Office of Management and Budget. This requirement to collect information as requested on this form does not expire.

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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)*** ALVAREZ ***(first name)*** ALFONSO 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
09/29/2023

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature
Domingo Feliciano MD

Medical Examiner's Telephone Number
2399924344

Date Certificate Signed
09/29/2021

Medical Examiner's Name *(please print or type)*
DOMINGO FELICIANO

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

Medical Examiner's State License, Certificate, or Registration Number
ME0063084

Issuing State
Florida

National Registry Number
7641213335

CMV DRIVER INFORMATION

Driver's Signature
[signature]

Driver's License Number
A416-017-73-373-0

Issuing State/Province
Florida

Driver's Address
Street Address: 1061 13th st sw City: Naples State/Province: Florida Zip Code: 34117

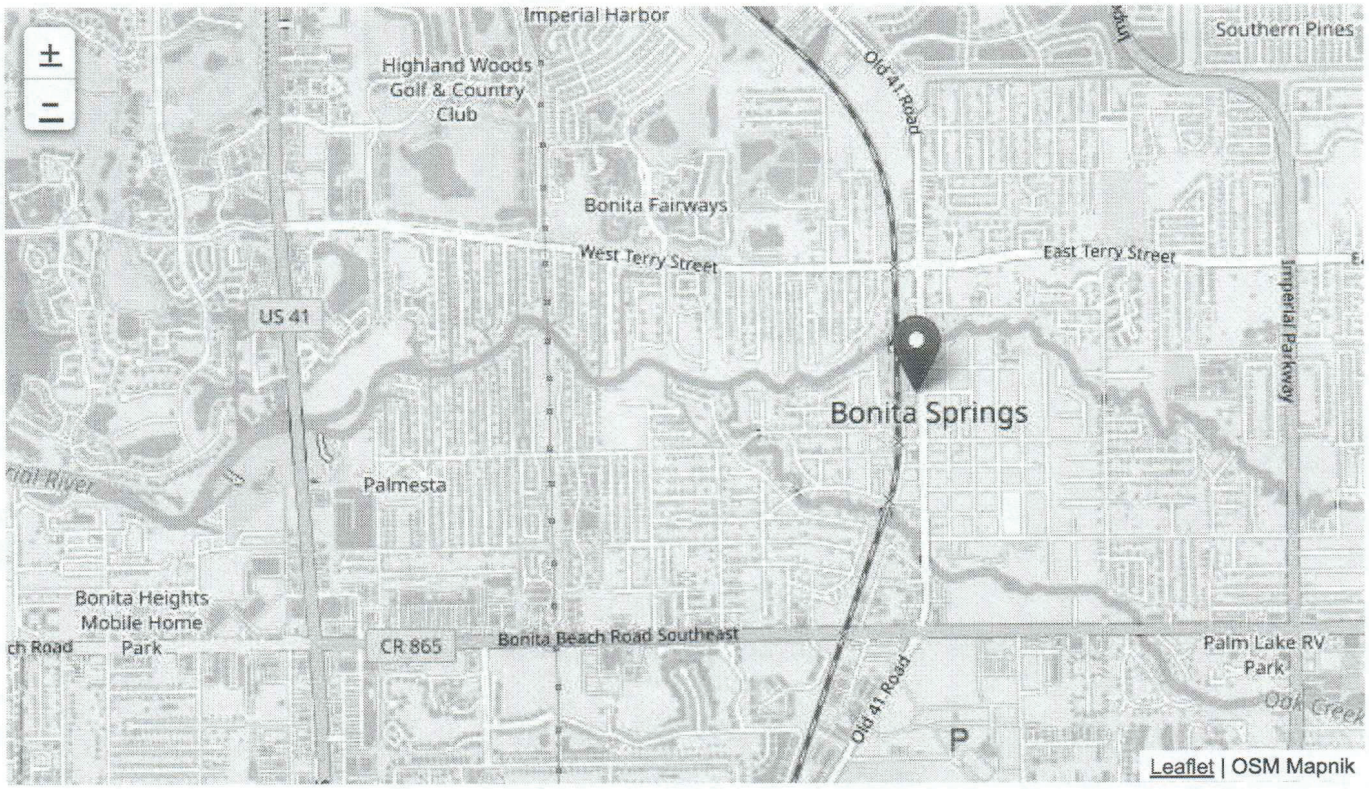
CLP/CDL Applicant/Holder
( ) Yes ( ) No

Rev 02/27/21

United States Department of Transportation

FMCSA

National Registry of Certified Medical Examiners Search



Dr. Domingo A Feliciano Doctor of Medicine
Bonita Family Care
10459 Reynolds Street
Bonita Springs, FL 34135
(239) 992-4344

National Registry Number: 7641213335
Certification Date: 03/15/16

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