Form MCSA-5876

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

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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:** ALVAREZ CERVANTES **First Name:** ALFONSO in accordance with *(please check only one)*:

- [x] 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
  - [ ] Wearing hearing aid
  - [ ] Accompanied by a _____ waiver/exemption
  - [ ] 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
09/27/2025

Medical Examiner's Signature

Medical Examiner's Telephone Number
2399924344

Date Certificate Signed
09/27/2023

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

- [x] MD
- [ ] DO
- [ ] Physician Assistant
- [ ] Chiropractor
- [ ] Advanced Practice Nurse
- [ ] Other Practitioner *(specify)* _____

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

Issuing State
Florida

National Registry Number
7641213335

Driver's 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: FL Zip Code: 34117

CLP/CDL Applicant/Holder
- [x] Yes
- [ ] No

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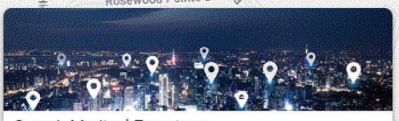

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Dr. Domingo Feliciano (Medical Doctor)
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