Form MCSA-5876

OMB No.: 2126-0006 Expiration Date: 05/31/2028

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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:** LARA REYES **First Name:** ALAIN 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 ☐ 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: 05/29/2026

Medical Examiner's Signature DS

Medical Examiner's Telephone Number: (281) 258-4903

Date Certificate Signed: 05/29/2025

Medical Examiner's Name *(please print or type)*: Leonardo Almaguer Arena

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

Medical Examiner's State License, Certificate, or Registration Number: 1019669

Issuing State: Texas

National Registry Number: 4193661619

Driver's Signature

Driver's License Number: 36966771

Issuing State/Province: Texas

Driver's Address
Street Address: 24770 STOWBRIDGE DR APT 1204 City: PORTER State/Province: TX Zip Code: 77365

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

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Rev 3/1/23

←

Mr. Leonardo Almaguer Arena
(Nurse Practitioner)

Email Website

Practice Business Name
CLINICA DE LUZ CORPORATION

Address
608 WEST MOUNT HOUSTON RD, SUITE
100 HOUSTON, TX 77037

Hours of Operation
from 9.00am to 8.00pm

National Registry Number
4193661619

Certification Date
09/26/2022

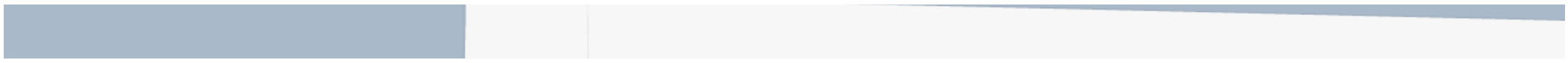
Distance
N/A

Business Phone
(281) 258-4903

Business Fax Number
-

Business Email
clinicadeluz10110@yahoo.com

Business Website
clinicadeluzcorporation.com



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Federal Motor Carrier Safety Administration

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