

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: Ruiz Tellez** **First Name: Jorge I** 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 ☐ 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 embodying my findings completely and correctly, and is on file in my office.

**Medical Examiner's Signature** **Medical Examiner's Telephone Number** **Date Certificate Signed**  
*[Signature]* *2083103800* *10/24/2024*

**Medical Examiner's Name (print or type)** **Issuing State** **National Registry Number**  
*Ryszard, PNP-C* *AZ* *NR# 4320827763*

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

**Driver's Signature** **Driver's License number** **Issuing State/Province**  
*[Signature]* *D09526046* *AZ*

**Driver's Address** **City** **State/Province** **Zip Code** **CLP/CDL Applicant/Holder**  
*150 W. Hawaii St* *Casa Grande* *AZ* *85122* ☒ Yes ☐ No

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Rev 3/29/22



**Krystle Ayres**  
(Advanced Practice Registered Nurse)



Email



Website

**Practice Business Name**

Medicine for Business and Industry

**Address**

177 W Cottonwood Lane Suite #1 Casa  
Grande, AZ 85122

**Hours of Operation**

-

<b>National Registry Number</b>	<b>Certification Date</b>
4320827763	06/14/2018

<b>Distance</b>	<b>Business Phone</b>
N/A	(520) 836-3800

**Business Fax Number**  
6022721883

**Business Email**  
kayres@gowithmbi.com

