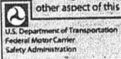


Public Burden Statement

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to be approximately 1 minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRR, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

**Medical Examiner's Certificate**
(for Commercial Driver Medical Certificate)

I certify that I have examined **Last Name:** De La Rosa Garcia **First Name:** Angel 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 embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date

10/19/2023

Medical Examiner's Signature 	Medical Examiner's Telephone Number (915)593-1862	Date Certificate Signed 10/19/2021
Medical Examiner's Name (please print or type) Porras, Enrique	<input checked="" type="radio"/> MD <input type="radio"/> Physician Assistant <input type="radio"/> Advanced Practice Nurse <input type="radio"/> DO <input type="radio"/> Chiropractor <input type="radio"/> Other Practitioner (specify) _____	
Medical Examiner's State License, Certificate, or Registration Number J8346	Issuing State TX	National Registry Number 7733794921

Driver's Signature 	Driver's License Number 37418272	Issuing State/Province TX
Driver's Address Street Address: 424 Ascension St	City: El Paso	State/Province: TX
	Zip Code: 79928	CLP/CDL Applicant/Holder <input checked="" type="radio"/> Yes <input type="radio"/> No

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Dr. Enrique Porras
(Medical Doctor)



Email



Website



Direction

Practice Business Name

Concentra

Address

1610 N. Zaragoza El Paso, TX 79936

Hours of Operation

-

National Registry Number

7733794921

Certification Date

04/25/2019

Distance

N/A

Business Phone

(915) 593-1862

Business Fax Number

9155932173

Business Email

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Business Website

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