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:** Ortiz lopez **First Name:** Christian 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: 10/02/2025

Medical Examiner's Signature: Kathy Monroe

Medical Examiner's Telephone Number: (832) 232-1702

Date Certificate Signed: 10/02/2023

Medical Examiner's Name *(please print or type)*: Kathy Monroe

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

Medical Examiner's State License, Certificate, or Registration Number: APRN9333500

Issuing State: FL

National Registry Number: 4169384668

Driver's Signature: [signature]

Driver's License Number: 0632104964020

Issuing State/Province: FL

Driver's Address
Street Address: 4630 McIntosh Rd, Lot D15 City: Dover State/Province: FL Zip Code: 33527

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

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Rev

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Ms. Kathy Monroe
(Nurse Practitioner)

Email Website

Practice Business Name
DOT Exam Tampa

Address
TravelCenters of America 11706 Tampa Gateway Blvd Tampa, FL 33584

Hours of Operation
m-f 9 am - 6 pm

National Registry Number
4169384668

Certification Date
08/12/2017

Distance
N/A

Business Phone
(813) 626-3926

Business Fax Number
-

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