Form MCSA-5876

**Public Burden Statement**
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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:** Castor **First Name:** Eduardo 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)
[ ] Wearing hearing aid [ ] Accompanied by a Skill Performance Evaluation (SPE) Certificate [ ] *(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**
06/30/2027

**Medical Examiner's Signature** [signature] **Medical Examiner's Telephone Number** (870) 773-7246 **Date Certificate Signed** 06/30/2025

**Medical Examiner's Name** *(please print or type)* Matthew Brandon

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

**Medical Examiner's State License, Certificate, or Registration Number** A004194 **Issuing State** AR **National Registry Number** 7175015835

**Driver's Signature** [signature] **Driver's License Number** C236212751740 **Issuing State/Province** FL

**Driver's Address**
Street Address: 3745 NE 171st Apt 54 City: North Miami beach State/Province: FL Zip Code: 33160

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

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