Form MCSA-5876

OMB No.: 2126-0006 Expiration Date: 03/31/2026

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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:** Epasi Guedes **First Name:** Francisco 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 391.41-391.62) 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
- [ ] Wearing hearing aid
- [ ] Accompanied by a _____ waiver/exemption
- [ ] Accompanied by a Skill Performance Evaluation (SPE) Certificate
- [ ] Driving within an exempt intracity zone (49 CFR 391.62) *(Federal)*
- [ ] 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: 04/03/2025

Medical Examiner's Signature: [signature]

Medical Examiner's Telephone Number: (480) 393-0440

Date Certificate Signed: 04/03/2023

Medical Examiner's Name *(please print or type)*: Richard L Rodgers II

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

Medical Examiner's State License, Certificate, or Registration Number: 8334

Issuing State: AZ

National Registry Number: 2301224505

Driver's Signature: [signature]

Driver's License Number: 39305770

Issuing State/Province: TX

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

Driver's Address
Street Address: 2840 Shadowbriar dr City: Houston State/Province: TX Zip Code: 77077

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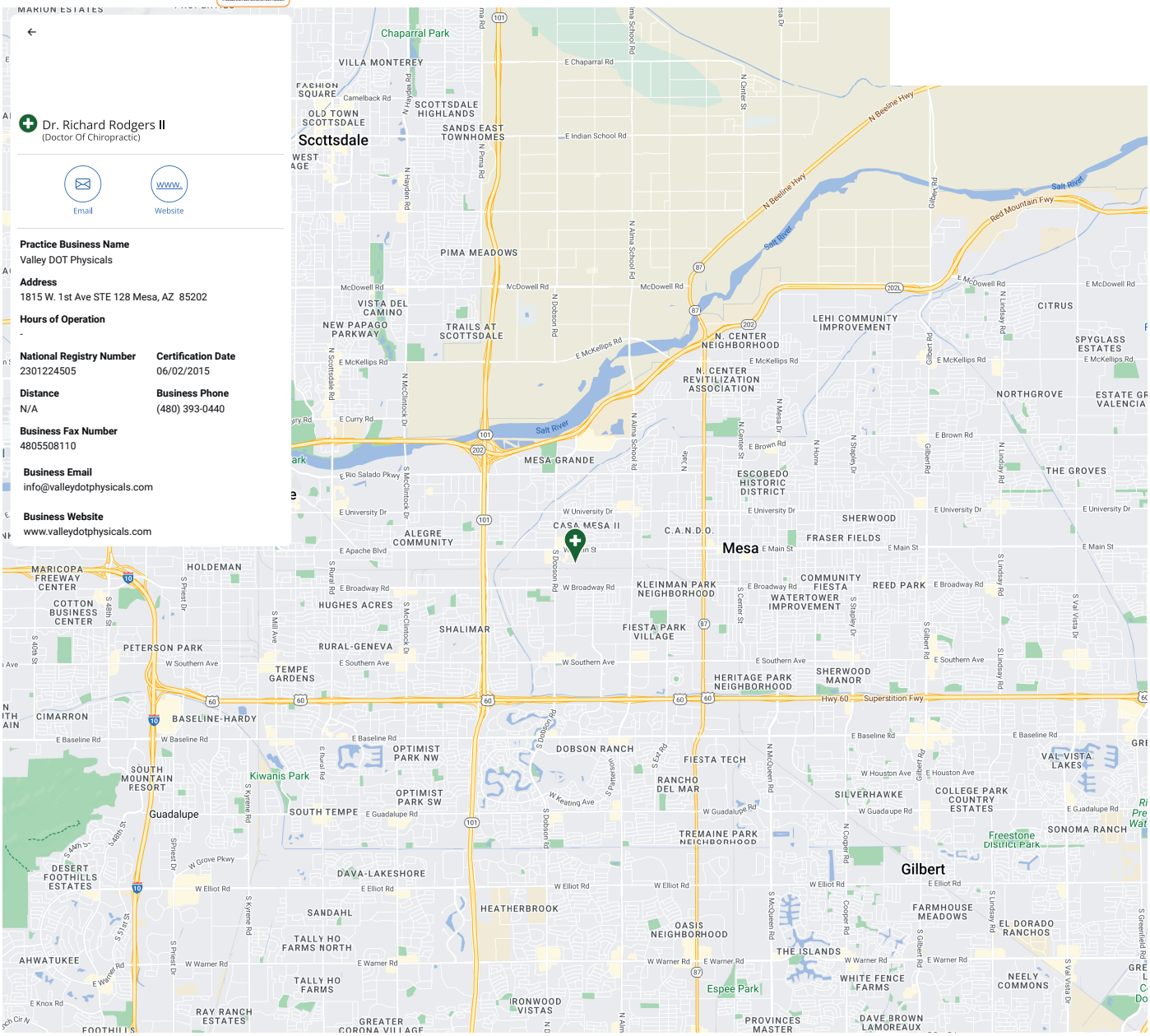
Rev 3/26/22

NATIONAL REGISTRY OF CERTIFIED MEDICAL EXAMINERS



U.S. DEPARTMENT OF TRANSPORTATION
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