Form MCSA-5876

OMB No. 2126-0006 Expiration Date: 11/30/2021

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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:** OROZCO **First Name:** ROGELIO 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
- [ ] 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
11/29/2023

Medical Examiner's Signature

Medical Examiner's Telephone Number
786-600-4040

Date Certificate Signed
11/29/2021

Medical Examiner's Name *(please print or type)*
KENDRY GISBERT-GARCIA

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

Medical Examiner's State License, Certificate, or Registration Number
APRN9322748

Issuing State
FL

National Registry Number
6543991710

Driver's Signature
X

Driver's License Number
O620720731470

Issuing State/Province
FL

Driver's Address

Street Address: 7845 W 36TH AVE APT 201 City: HIALEAH State/Province: FL Zip Code: 33018

CLP/CDL Applicant/Holder
(•) Yes ( ) No

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Mr. KENDRY GISBERT-GARCIA Sr.
(Nurse Practitioner)

Email Website

Practice Business Name
LA FAMILIA MEDICAL GROUP

Address
1550 WEST 84TH STREET, SUITE 31 HIALEAH, FL 33014

Hours of Operation
09 am-5pm (momday to friday)

National Registry Number
6543991710

Certification Date
01/17/2019

Distance
N/A

Business Phone
(305) 901-1191

Business Fax Number
3059012220

Business Email
imasson@lafamiliamh.com

Business Website
www.lafamiliamh.com