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:** Urena **First Name:** Jonathan 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: 12/14/2023

Medical Examiner's Signature: [signature]

Medical Examiner's Telephone Number: (615) 804-0506

Date Certificate Signed: 12/14/2022

Medical Examiner's Name *(please print or type)*: Elvis Sierra

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

Medical Examiner's State License, Certificate, or Registration Number: 0110002708

Issuing State: VA

National Registry Number: 2129591559

Driver's Signature: [signature]

Driver's License Number: 3[illegible]-371-600

Issuing State/Province: PA

Driver's Address
Street Address: 5510 n fairhill City: Philadelphia State/Province: PA Zip Code: 19120

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

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Rev
3/29/22

FMCSA
Federal Motor Carrier Safety Administration

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Mr. Elvis Sierra
(Physician Assistant)

Email Website

Practice Business Name
Legacy Health Management Group, LLC

Address
6501 Mechanicsville Turnpike Suite
G01 Mechanicsville, VA 23111

Hours of Operation
8am-4pm mon-fri

National Registry Number
2129591559

Certification Date
10/22/2018

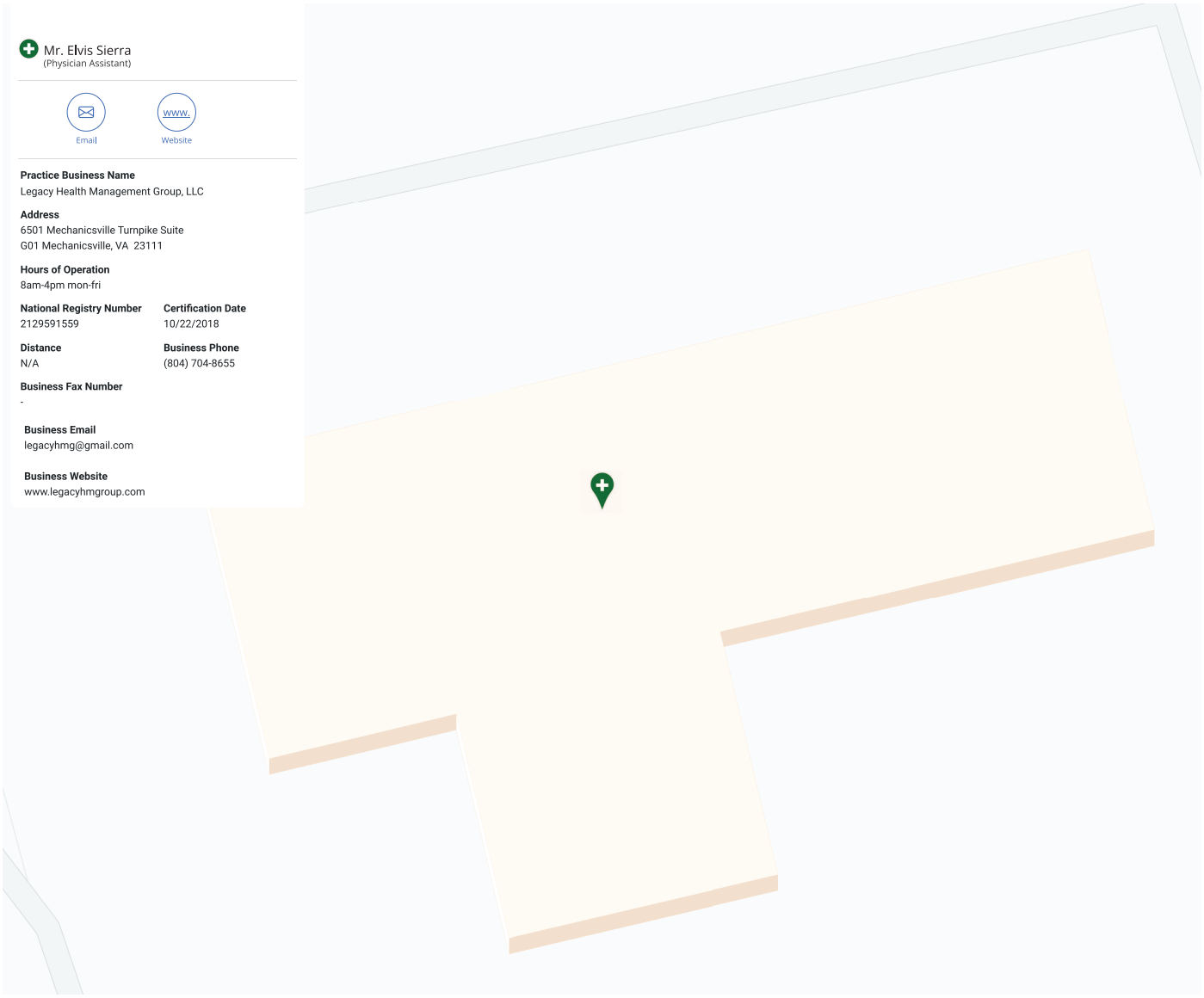
Distance
N/A

Business Phone
(804) 704-8655

Business Fax Number
-

Business Email
legacyhmg@gmail.com

Business Website
www.legacyhmgroup.com



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U.S. DEPARTMENT OF TRANSPORTATION
Federal Motor Carrier Safety Administration
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