

Form MCSA-5876

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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: Parra Fonseca** **First Name: Nestor** 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)

Medical Examiner's Certificate Expiration Date

03/08/25

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 Signature

Janet Dominguez-Giron

Medical Examiner's State License, Certificate or Registration Number

Arnp9293180

Medical Examiner's Telephone Number

863-342-8431

☐ MD ☐ Physician Assistant ☒ Advanced Practice Nurse  
☐ DO ☐ Chiropractor ☐ Other Practitioner (specify)

Issuing State

FL

Date Certificate Signed

3/8/23

National Registry Number

4753223846

Issuing State/Province

FL

Driver's Signature

Driver's Address

Street Address: 14443 SW 172nd Ln

City:

miami lakes

State/Province:

FL

Zip Code:


33177

CLP/CDL Applicant/Holder

Yes ☒ No ☐

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Rev 3/29/22



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Miles

National Registry Number

4753223846

Business Name

First Name

Last Name

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Mrs. Janet Dominguez-Giron (Advanced Practice Registered Nurse)

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Three Oaks Family Medicine

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N/A

Directions