

Form MCSA-5876

OMB No. 2126-0006 Expiration Date: 12/31/2024

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U.S. Department of Transportation
Federal Motor Carrier
Safety AdministrationMedical Examiner's Certificate
(for Commercial Driver Medical Certification)

I certify that I have examined Last Name: Lugo Rocha First Name: Carlos 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 (SPD) 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
01/26/2024

Medical Examiner's Signature

Medical Examiner's Name (please print or type)

Robert Warmund

Medical Examiner's Telephone Number

(954) 731-4900

Date Certificate Signed

01/26/2023

Medical Examiner's State License, Certificate, or Registration Number
CH7873☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse
☐ DO ☒ Chiropractor ☐ Other Practitioner (specify) _____

Issuing State

Florida

National Registry Number

4161955012

Driver's Signature

Driver's License Number

L262-101-67-057-0

Issuing State/Province

Florida

Driver's Address

Street Address: 22735 SW 66th Ave Apt 203

City: Boca Raton

State/Province: FL

Zip Code: 33428

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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