Form MCSA-5876 — OMB No. 2126-0006 — Expiration Date: 11/30/2021

Public Burden Statement [illegible]

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: Perez F First Name: Alejandro

- [x] 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: 1/8/24

Medical Examiner's Signature: [signature]
Medical Examiner's Telephone Number: 5055207720
Date Certificate Signed: 1/8/22

Medical Examiner's Name (please print or type): Luz Castillo

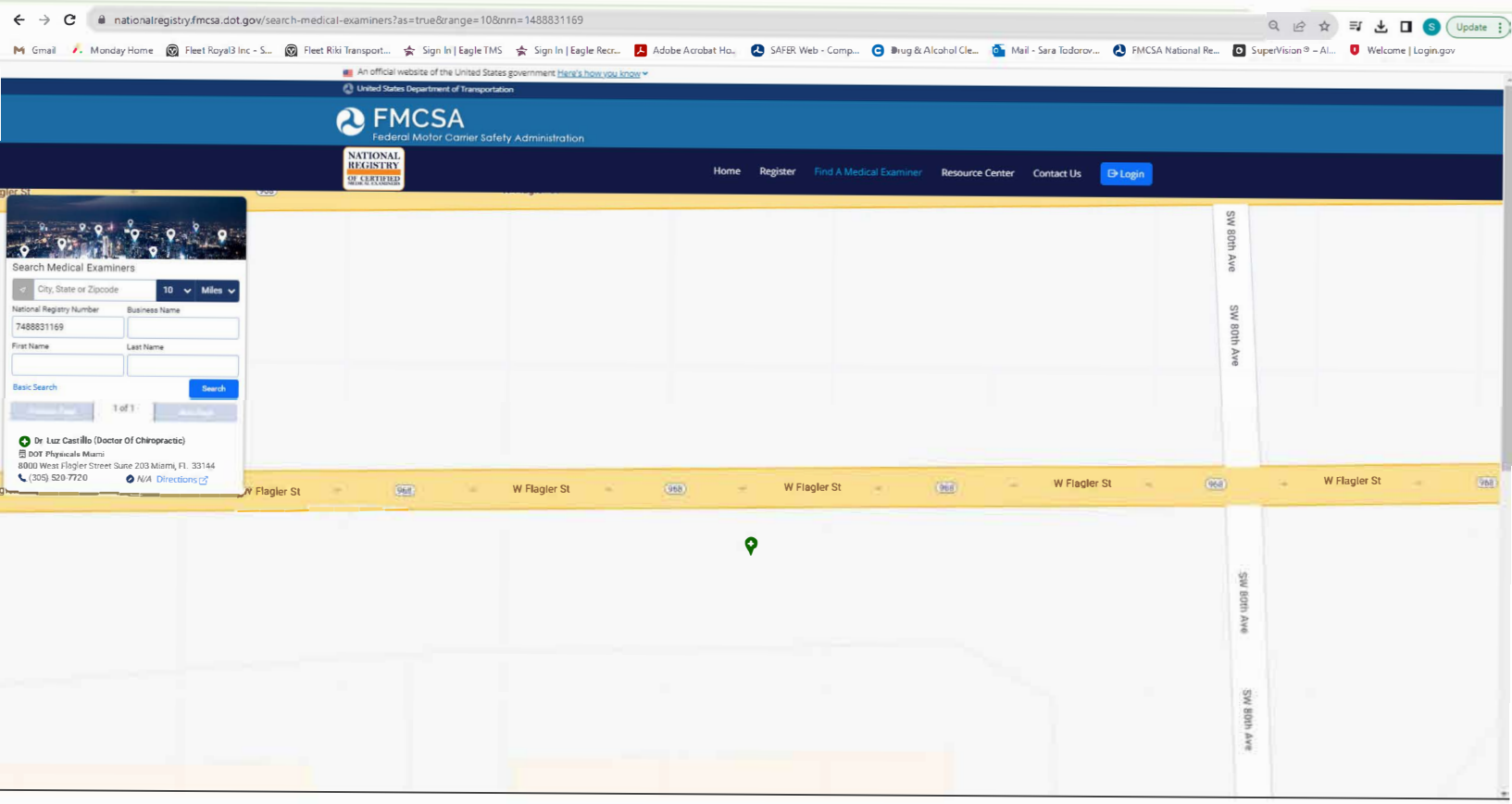
- [ ] MD
- [ ] DO
- [ ] Physician Assistant
- [x] Chiropractor
- [ ] Advanced Practice Nurse
- [ ] Other Practitioner (specify) ________

Medical Examiner's State License, Certificate, or Registration Number: CH9050
Issuing State: FL
National Registry Number: 1488831169

Driver's Signature: [signature]
Driver's License Number: P621000911310
Issuing State/Province: FL

Driver's Address
Street Address: 10765 SW 4th St apt #4 City: Miami State/Province: FL Zip Code: 33174
CLP/CDL Applicant/Holder: [x] Yes [ ] No

This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.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Miles
National Registry Number
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1 of 1
Dr. Luz Castillo (Doctor Of Chiropractic)
DOT Physicals Miami
8000 West Flagler Street Suite 203 Miami, FL. 33144
(305) 520 7720
N/A
Directions
W Flagler St
968
SW 80th Ave