Form FMCSA-5876

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

Please note, the expiration date on this form relates to the process for renewing the Information Collection Request that includes this form with the Office of Management and Budget. This requirement to collect information as requested on this form does not expire.

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U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

MEDICAL EXAMINER'S CERTIFICATE
(for Commercial Driver Medical Certification)

CMV DRIVER CERTIFICATION

I certify that I have examined **(last name)** Escamilla **(first name)** eriel 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 *(specify type)*: _____
- ☐ 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)*

Medical Examiner's Certificate Expiration Date 10-20-2024

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 INFORMATION

Medical Examiner's Signature [signature]

Medical Examiner's Telephone Number 5084668677

Date Certificate Signed 10-20-22

Medical Examiner's Name *(please print or type)* EMILIENNE CADICHE RPAC

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

Medical Examiner's State License, Certificate, or Registration Number PA4148

Issuing State MA

National Registry Number 5431117284

CMV DRIVER INFORMATION

Driver's Signature Eriel

Driver's License Number S88398847

Issuing State/Province MA

Driver's Address
Street Address: 65 ward st City: worcester State/Province: MA Zip Code: 01610

CLP/CDL Applicant/Holder ● Yes ○ No

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Rev 12/15/21