



Form MCSA-5875

OMB No. 1520-0026 Expiration Date 10/31/2024

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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: CAMACHO First Name: ERIE 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 interstate 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 391.53 (Federal)

☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.53 (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
12/27/2024

Medical Examiner's Signature 	Medical Examiner's Telephone Number (305) 834-7900	Date Certificate Signed 12/26/2023
Medical Examiner's Name (please print or type) Jorge Ruiz	<input type="radio"/> MD <input type="radio"/> Physician Assistant <input type="radio"/> Advanced Practice Nurse <input type="radio"/> DO <input checked="" type="radio"/> Chiropractor <input type="radio"/> Other Practitioner (specify) _____	
Medical Examiner's State License, Certificate, or Registration Number CH10547	Issuing State Florida	National Registry Number 4294143777

Driver's Signature 	Driver's License Number 9370632357	Issuing State/Province Indiana
Driver's Address Street Address: 4111 STIRLING ROAD City: DAVIE State/Province: FL Zip Code: 33314	CLP/COL Applicant/Holder <input checked="" type="radio"/> Yes <input type="radio"/> No	

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Rev 1/5/23

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