Form MCSA-5876

OMB No. 2126-0006 Expiration Date: 03/31/2025

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

Medical Examiner's Certificate

(for Commercial Motor Vehicle Medical Certification)

CMV DRIVER CERTIFICATION

I certify that I have examined (last name) Guzman (first name) Rony 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 bya waiver/exemption (specifytype): _____
☐ 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: 10/20/2024

MEDICAL EXAMINER INFORMATIO

Medical Examiner's Signature: [signature]

Medical Examiner's Name *(please print or type)*: Lenik, Laura

Medical Examiner's State License, Certificate, or Registration Number: 085-003862

Medical Examiner's Telephone Number: (847)801-5170

Date Certificate Signed: 10/20/2022

( ) MD (•) Physician Assistant ( ) Advanced Practice Nurse
( ) DO ( ) Chiropractor ( ) Other Practitioner *(specify)* _____

Issuing State: IL

National Registry Number: 7991847323

CMV DRIVER INFORMATION

Driver's Signature: [signature]

Driver's License Number: G255724833210

Issuing State/Province: FL

CLP/CDL Applicant/Holder: (•) Yes ( ) No

Driver's Address
Street Address: 7110 Embassy Blvd City: Port Richey State/Province: FL Zip Code: 34668

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