

Form MCSA-5875

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

Medical Examiner's Certificate

(For Commercial Driver Medical Certification)

CMV DRIVER CERTIFICATION

I certify that I have examined Guzman (last name) Rony (first name) 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 (specify type): _____ ☐ Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
- ☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ 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

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
☐ DO ☐ Chiropractor

☐ Advanced Practice Nurse
☐ Other Practitioner (specify) _____

Issuing State
IL

National Registry Number
7991847323

CMV DRIVER INFORMATION

Driver's Signature

Driver's Address

Street Address: 7110 Embassy Blvd

City: Port Richey

State/Province: FL

Zip Code: 34668

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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