

Public Burden Statement

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to be approximately 1 minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.



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: Martinez First Name: Orlando in accordance with (please check one):

- ☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with knowledge of the driving duties, I find this person 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 be only 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):

- | | | |
|--|---|--|
| <input type="checkbox"/> Wearing corrective lenses | <input type="checkbox"/> Accompanied by a _____ waiver/exemption | <input type="checkbox"/> Driving within an exempt Intracity zone (49 CFR 391.62) (Federal) |
| <input type="checkbox"/> Wearing hearing aid | <input type="checkbox"/> Accompanied by a Skill Performance Evaluation (SPE) Certificate. | <input type="checkbox"/> Qualified by operation of (49 CFR 391.64) (Federal) |
| | | <input type="checkbox"/> Grandfathered from State requirement (State) |

The information I have provided regarding this physical examination is true and complete. A complete Medical Examiner's Report Form, MCSA-5875, with any attachment embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate
Expiration Date

10/04/2023

Medical Examiner's Signature

Nilima Rai

Medical Examiner's
Telephone Number

281-890-0001

Date Certificate Signed

10/04/2021

Medical Examiner's Name (please
print or type)

Nilima Rai, M.D.

- ☒ MD ☐ Physician Assistant ☐ Advanced Practice Nurse
☐ DO ☐ Chiropractor ☐ Other Practitioner:

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

J6676

Issuing State

TX

National Registry
Number

2056049279

Driver's Signature

Orlando Martinez

Driver's License Number

40470832

Issuing State/Province

TX

Driver's Address

Street Address: 8203 Debbie Gay Dr

City: Houston State/Province: TX Zip Code: 77040

CLP/CDL
Applicant/Holder

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.