Form MCSA-5876

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

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

Medical Examiner's Certificate
(for Commercial Driver Medical Certification)

01/26/1989

I certify that I have examined **Last Name:** RODRIGUEZ **First Name:** MANASES 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
[ ] Wearing hearing aid [ ] 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
1/23/2024

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. File #4289

Medical Examiner's Signature

Medical Examiner's Telephone Number: 954-797-1490

Date Certificate Signed: 1/24/2022

Medical Examiner's Name *(please print or type)*: E. S. HANSEN

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

Medical Examiner's State License, Certificate, or Registration Number: CH10125

Issuing State: FL

National Registry Number: 2827263503

Driver's Signature

Driver's License Number: R362540890260

Issuing State/Province: FL

Driver's Address

Street Address: 4010 SW 103ED CT City: MIAMI State/Province: FL Zip Code: 33165

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