Form MCSA-5876

OMB No.: 2126-0006 Expiration Date: 05/31/2025

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: Lopez First Name: Cesar A 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 by a ____________ waiver/exemption
- ☐ 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: 03/06/2025

Medical Examiner's Signature: [signature]

Medical Examiner's Telephone Number: 305-825-8170

Date Certificate Signed: 3/6/2023

Medical Examiner's Name (please print or type): CARLOS L. DELGADO

● MD ○ Physician Assistant ○ Advanced Practice Nurse
○ DO ○ Chiropractor ○ Other Practitioner (specify) ____________

Medical Examiner's State License, Certificate, or Registration Number: ME65801

Issuing State: FLORIDA

National Registry Number: 3000735050

Driver's Signature: [signature]

Driver's License Number / Issuing State/Province: L120101134090 FL

Driver's Address
Street Address: 15450 SW 289th Terr
City: Homestead State/Province: FL Zip Code: 33033

CLP/CDL Applicant/Holder: ● Yes ○ No

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Rev 3/23/22