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)

I certify that I have examined **Last Name:** Pagan **First Name:** Ricardo 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: 08/07/2024

Medical Examiner's Signature: Dr BPP

Medical Examiner's Telephone Number: 352-643-1034

Date Certificate Signed: 08/07/2023

Medical Examiner's Name *(please print or type)*: DR Bethany Pollan

- ○ MD
- ○ DO
- ◉ Chiropractor
- ○ Physician Assistant
- ○ Advanced Practice Nurse
- ○ Other Practitioner *(specify)* _____

Medical Examiner's State License, Certificate, or Registration Number: CH11281

Issuing State: FL

National Registry Number: 6076068680411

Driver's Signature: Ricardo Pagan

Driver's License Number: P252725663830

Issuing State/Province: FL

Driver's Address

Street Address: 21800 SE 155 St 1 City: UMATILLA State/Province: FL Zip Code: 32784

CLP/CDL Applicant/Holder: ◉ Yes ○ No

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