

Form MCSA-5875

OMB No. 2126-0006 Expiration Date 11/30/2021

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### Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

I certify that I have examined **Last Name: Leyva** **First Name: Leandro** 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 ☐ 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)

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

3/16/2023

Medical Examiner's Signature

Medical Examiner's Name (please print or type)

Mohammad T. Javed

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

ME 71079

Medical Examiner's Telephone Number

521-969-1545

Date Certificate Signed

3/16/2021

☒ MD ☐ Physician Assistant ☐ Advanced Practice Nurse  
☐ DO ☐ Chiropractor ☐ Other Practitioner (specify)

Issuing State

FL

National Registry Number

8473844900

Driver's Signature

Driver's Address

Street Address: 720 N H St

City: Lake Worth

State/Province: FL

Zip Code: 33460

CLP/FDL Applicant/Holder  
☒ Yes ☐ No

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