

Public Burden Statement

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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** Alvarado rojas **First Name** Roberto 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

04/10/2022

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 Signature

Medical Examiner's Name (please print or type)

Hallford, John

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

2457

Medical Examiner's Telephone Number

(918)446-1891

Date Certificate Signed

04/10/2020

☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse

☒ DO ☐ Chiropractor ☐ Other Practitioner (specify)

Issuing State

OK

National Registry Number

6584811979

Driver's Signature

Driver's Address

Street Address: 1225 N 40th St Apt 2037

Driver's License Number

d02020877

Issuing State/Province

AZ

City: Phoenix

State/Province: AZ

Zip Code: 85008-

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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