

DOT Card MCSA-5876

Form MCSA-5876 OMB No. 2126-0006 Expiration Date: 11/30/2021

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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: Gonzalez First Name: Mario in accordance with (please check one):

- ☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with knowledge of the driving duties, I find this person 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 be only 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 391.62) (Federal)
- ☐ Grandfathered from State requirement (State)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examiner's Report Form, MCSA-5875, with any attachment embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date 01/07/2022

Medical Examiner's Signature 	Medical Examiner's Telephone Number 956-429-3866	Date Certificate Signed 01/07/2020
Medical Examiner's Name (please print or type) Peter Ruiz, MD	<input checked="" type="checkbox"/> MD <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Advanced Practice Nurse <input type="checkbox"/> DO <input type="checkbox"/> Chiropractor <input type="checkbox"/> Other Practitioner:	
Medical Examiner's State License, Certificate, or Registration Number N2270	Issuing State TX	National Registry Number 5140188029

Driver's Signature 	Driver's License Number 35302426	Issuing State/Province TX
Address of Driver Street Address: 21810 Hidalgo St City: Edcouch State/Province: TX Zip Code: 78538		CLP/CDL Applicant/Holder Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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Federal law requires certain commercial drivers to submit their medical certification documentation to their State's Drivers Licensing Agency. (See 49 CFR 383.71) Nova Medical Centers does not submit this information to the State for you. See the below link for additional information on state medical certification reporting requirements for commercial drivers.
<https://www.fmcsa.dot.gov/registration/commercial-drivers-license/medical>