Form MCSA-5875

OMB No.: 2126-0006 Expiration Date: 03/31/2025

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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: Rivas Dube First Name: Yoel 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 ☐ 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: 01/29/2026

Medical Examiner's Signature: [signature]

Medical Examiner's Telephone Number: (786) 558-8073

Date Certificate Signed: 01/29/2024

Medical Examiner's Name (please print or type): ROSA ALARCON

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

Medical Examiner's State License, Certificate, or Registration Number: APRN9419445

Issuing State: FL

National Registry Number: 4356093074

Driver's Signature: [signature]

Driver's License Number: R123-963-84-262-0

Issuing State/Province: FL

CLP/CDL Applicant/Holder ● Yes ○ No

Driver's Address
Street Address: 174 E 12Th St City: Hialeah State/Province: FL Zip Code: 33010

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