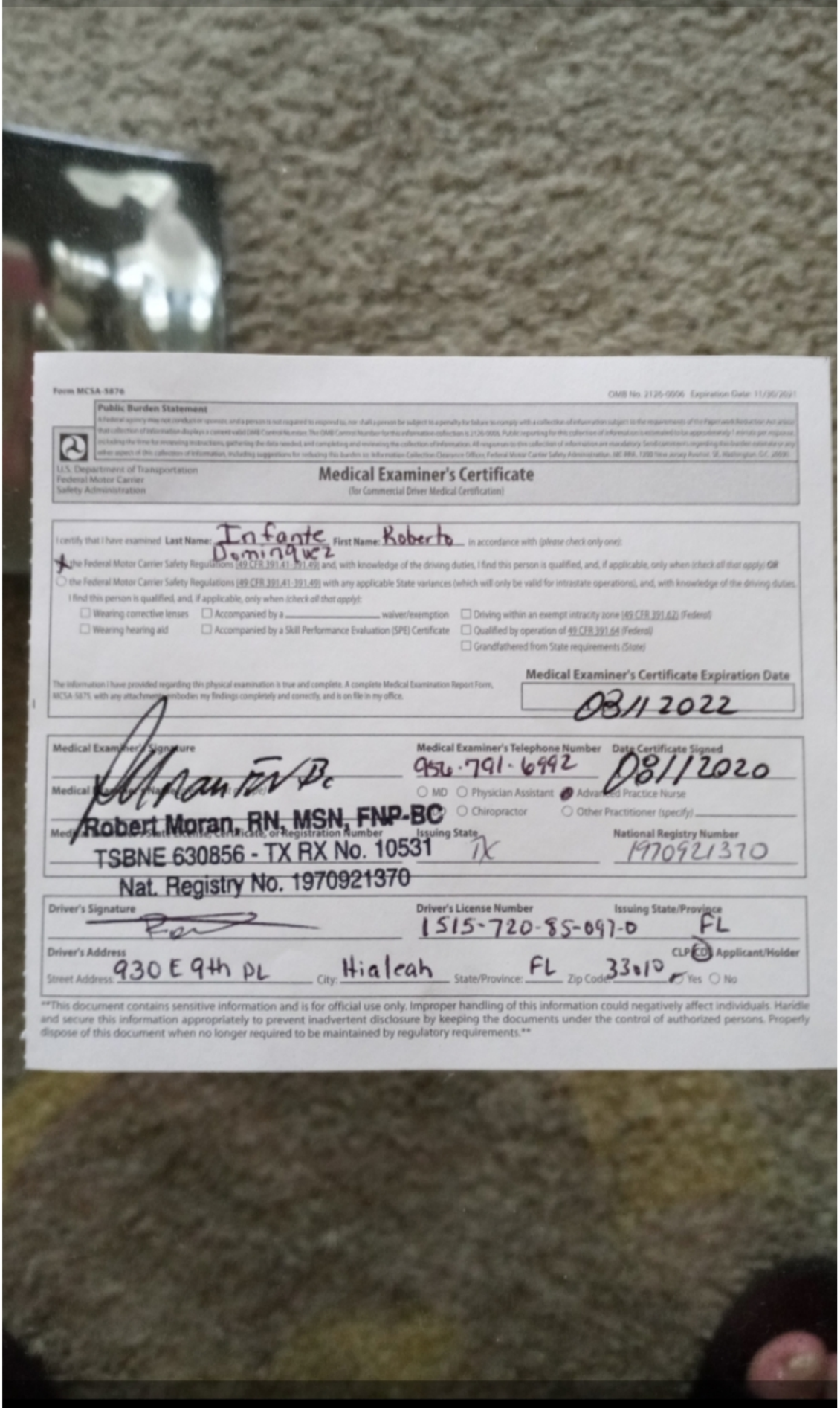

Form MCSA-5876 OMB No. 2126-0006 Expiration Date: 11/30/2021

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:** Infante Dominguez **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 ☐ 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 08/11/2022

Medical Examiner's Signature Robert Moran, RN, MSN, FNP-BC

Medical Examiner's Telephone Number 956-791-6992

Date Certificate Signed 08/11/2020

Medical Examiner's Name (type or print)

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

Medical Examiner's State License, Certificate, or Registration Number TSBNE 630856 - TX RX No. 10531 **Issuing State** TX

National Registry Number 1970921370

Nat. Registry No. 1970921370

Driver's Signature

Driver's License Number I515-720-85-097-0 **Issuing State/Province** FL

Driver's Address

Street Address: 930 E 9th PL City: Hialeah State/Province: FL Zip Code: 33010

CLP/CDL Applicant/Holder ● Yes ○ No

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