Form MCSA-5876

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

**Public Burden Statement**

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: Martinez First Name: Lazaro 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, 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, 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 SAP 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: 1/19/2025

Medical Examiner's Signature

Laura Wilson, ARNP

ARNP # 9397265

Medical Examiner's Telephone Number: 2393139841

Date Certificate Signed: 1/19/2023

○ MD ○ Physician Assistant ● Advanced Practice Nurse

○ DO ○ Chiropractor ○ Other Practitioner (specify): _____

Medical Examiner's State License, Certificate, or National Registry Number

Issuing State: FL

7298134218

Driver's Signature

Driver's License Number: m635520872630

Issuing State/Province: FL

Driver's Address

Street Address: 1020 NW 36TH PL City: Cape Coral State/Province: FL Zip Code: 33993

CLP/CDL Applicant/Holder ● Yes ○ No

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Rev 3/29/22