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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:** Cardenas **First Name:** Leonardo 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

03/05/2022

Medical Examiner's Signature

Medical Examiner's Name (please print or type)

James M Crawford

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

PA08182

Medical Examiner's Telephone Number

830-992-2820

Date Certificate Signed

03/05/2021

- ☐ MD ☒ Physician Assistant ☐ Advanced Practice Nurse  
☐ DO ☐ Chiropractor ☐ Other Practitioner (Specify) \_\_\_\_\_

Issuing State

TX

National Registry Number

5074035624

Driver's Signature

Driver's Address

Street Address: 1808 Gerakd Ln City: ELM MOTT State/Province: TX Zip Code: 76640 ☒ Yes ☐ No

Driver's License Number

11327596

Issuing State/Province

TX

CLP/CDL Applicant/Holder

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