Form MCSA-5876 OMB No.: 2126-0006 Expiration Date: 03/31/202

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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:** SOLIS **First Name:** NESTOR 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)*:

- [x] Wearing corrective lenses
- [ ] Wearing hearing aid
- [ ] Accompanied by a _____ waiver/exemption
- [ ] Accompanied by a Skill Performance Evaluation (SPE) Certificate
- [ ] Driving within an exempt intracity zone (49 CFR 391.62) *(Federal)*
- [ ] 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: 8/14/2025

Medical Examiner's Signature

Medical Examiner's Telephone Number: 301-790-0254

Date Certificate Signed: 8/14/2023

Medical Examiner's Name *(please print or type)*: Katherine Vo-Dinh

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

Medical Examiner's State License, Certificate, or Registration Number: R091379

Issuing State: MD

National Registry Number: 4423602037

Driver's Signature

Driver's License Number: S420620720140

Issuing State/Province: FL

Driver's Address
Street Address: 11781 SW 15TH ST City: MIAMI State/Province: FL Zip Code: 33194

CLP/CDL Applicant/Holder: (●) Yes ( ) No

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