Form MCSA-5875

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



U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

# Medical Examination Report Form

(for Commercial Driver Medical Certification)

**MEDICAL RECORD #**

_____

*(or sticker)*

## SECTION 1. Driver Information *(to be filled out by the driver)*

### PERSONAL INFORMATION

Last Name: CHAVEZ BECERRA First Name: ALEXIS Middle Initial: ___ Date of Birth: 10/09/1973 Age: 50

Street Address: 605 WOODLAWN DR City: SEBRING State/Province: FL Zip Code: 33870

Driver's License Number: C121000733690 Issuing State/Province: Florida Phone: (786) 661-7001

E-Mail *(optional)*: ACH2632@GMAIL.COM CLP/CDL Applicant/Holder*: ◉ Yes ○ No

Driver ID Verified By**: LICENSE

Has your USDOT/FMCSA medical certificate ever been denied or issued for less than 2 years? ◉ Yes ○ No ○ Not Sure

*CLP/CDL Applicant/Holder: See instructions for definitions.

**Driver ID Verified By: Record what type of photo ID was used to verify the identity of the driver, e.g., CDL, driver's license, passport.

### DRIVER HEALTH HISTORY

Have you ever had surgery? If "yes," please list and explain below. ○ Yes ◉ No ○ Not Sure

Are you currently taking medications *(prescription, over-the-counter, herbal remedies, diet supplements)*? ◉ Yes ○ No ○ Not Sure
If "yes," please describe below.

LISINOPRIL

*(Attach additional sheets if necessary)*