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 Cardenas, Santiago First Name: Gilberto and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check one box only):

- [x] the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties,
- [ ] 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
- [ ] 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)

Medical Examiner's Certificate Expiration Date: 04-04-2024

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 Signature: [signature] **Medical Examiner's Telephone Number:** 305 882 1100 **Date Certificate Signed:** 04-04-2023

Medical Examiner's Name (please print or type): Santiago Cardenas, MD

- [x] MD
- [ ] DO
- [ ] Physician Assistant
- [ ] Chiropractor
- [ ] Advanced Practice Nurse
- [ ] Other Practitioner (specify)

Medical Examiner's State License, Certificate, or Registration Number: ME-81032-FL

Issuing State: FL

National Registry Number: 4901194254

Driver's Signature: [signature] **Driver's License Number:** G553528066620 **Issuing State/Province:** FL

Driver's Address Street Address: 12955 SW 17st City: Miami State/Province: FL Zip Code: 33175

CMV/CDL Applicant/Holder: [x] Yes [ ] No