Form MCSA-5876 OMB No.: 2126-0006 Expiration Date: 12/31/2024

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

MEDICAL EXAMINER'S CERTIFICATE
(for Commercial Driver Medical Certification)

CMV DRIVER CERTIFICATION

I certify that I have examined *(last name)* Delgado *(first name)* Yondri 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
- [ ] Wearing hearing aid
- [ ] Accompanied by a waiver/exemption *(specify type)*: _____
- [ ] 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: 2-23-24

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature: [signature]

Medical Examiner's Telephone Number: 305-882-1100

Date Certificate Signed: 2-23-22

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

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

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

Issuing State: FL

National Registry Number: 4901194254

CMV DRIVER INFORMATION

Driver's Signature: [signature]

Driver's License Number: D 423 969 90 064 0

Issuing State/Province: FL

Driver's Address:
Street Address: 302 NW 19 AVE Miami

State/Province: _____ Zip Code: 33125

CLP/CDL Applicant: ( ) Yes (●) No