Form MCSA-5876

OMB No.: 2126-0006 Expiration Date: 03/31/2023

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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:** Puente **First Name:** Noel 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
- ☐ 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: 8/9/2024

Medical Examiner's Signature: [signature] PA-C

Medical Examiner's Telephone Number: (937) 340-6488

Date Certificate Signed: 8/9/2023

Medical Examiner's Name *(please print or type)*: Casey D Young

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

Medical Examiner's State License, Certificate, or Registration Number: 50.002030RX

Issuing State: OH

National Registry Number: 2599806246

Driver's Signature: [signature]

Driver's License Number: P530620801900

Issuing State/Province: FL

Driver's Address
Street Address: 1706 West Immokalee Dr City: Immokalee State/Province: FL Zip Code: 34142

CLP/CDL Applicant/Holder: ☒ Yes ○ No

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