Form MCSA-5876

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

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)* Riveros Lopez *(first name)* Luis in accordance with *(please check only one)*:

- [x] 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 *(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
03-24-2025

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature
Curtis Anderson

Medical Examiner's Telephone Number
850-892-7432

Date Certificate Signed
03-24-2023

Medical Examiner's Name *(please print or type)*
CURTIS A. ANDERSON, DC

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

Medical Examiner's State License, Certificate, or Registration Number
CH5554

Issuing State
FLORIDA

National Registry Number
3300551904

CMV DRIVER INFORMATION

Driver's Signature

Driver's License Number
R162-525-66-341-0

Issuing State/Province
FL

Driver's Address
40 Eglin St Apt 6 Ft Walton Bch FL 32547

CLP/CDL Applicant/Holder
- [x] Yes
- [ ] No

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