

Public Burden Statement

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to be approximately one minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington, DC 20020.

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:

Gerga Cantu

First Name:

Juan J.

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 variations (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☐ Accompanied by a

w/iv/exemption

☐ Driving within an exempt intracity zone (49 CFR 391.43) (Federal)☐ Wearing hearing aid☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate☐ Qualified by operation of 49 CFR 391.64 (Federal)☐ Grandfathered from State requirements (State)

Medical Examiner's Certificate Expiration Date

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.

03-16-25

Medical Examiner's Signature

Medical Examiner's Telephone Number

713-213-7803

Date Certificate Signed

03-16-24

Medical Examiner's Name (please print or type)

DR. JENNY T. LE

☐ MD☐ Physician Assistant☐ Advanced Practice Nurse☐ DO☒ Chiropractor☐ Other Practitioner (specify)

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

DC09174TX

Issuing State

TX

National Registry Number

4762579227

Driver's Signature

Driver's License Number

17241492 TX

Issuing State/Province

Driver's Address

Street Address: 3019 Fairmont Pkwy

City: Pasadena

State/Province: TX

Zip Code: 77504

CLP/CDL

Applicant/Holder

Yes

No

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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: Garza-Cantu First Name: Juan Middle Initial: J Date of Birth: 01-29-78 Age: 46
Street Address: 3919 Fairmont Parkway City: Pasadena State/Province: TX Zip Code: 77504
Driver's License Number: 17241492 Issuing State/Province: TX Phone: 346-464-2025
E-Mail (optional): juangarza965@yahoo.com CLP/CDL Applicant/Holder*: ☒ Yes ☐ No
Driver ID Verified By**: TDL

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)?
If "yes," please describe below.

☒ Yes ☐ No ☐ Not Sure

amlodopine 10mg

(Attach additional sheets if necessary)

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Last Name: Garcia First Name: Juan DOB: 11-29-78 Exam Date: 03-16-24

TESTING

Pulse Rate: 81 Pulse rhythm regular: ☒ Yes ☐ No

Height: 5 feet 7 inches Weight: 184 pounds

Blood Pressure Systolic Diastolic

Sitting 121 75

Second reading
(optional)

Urinalysis

Sp. Gr.

Protein

Blood

Sugar

Urinalysis is required.
Numerical readings
must be recorded.

1.020negnegneg

Other testing if indicated

Protein, blood, or sugar in the urine may be an indication for further testing to rule out any underlying medical problem.

Vision

Standard is at least 20/40 acuity (Snellen) in each eye with or without correction. At least 70° field of vision in horizontal meridian measured in each eye. The use of corrective lenses should be noted on the Medical Examiner's Certificate.

Acuity

Uncorrected

Corrected

Horizontal Field of Vision

Right Eye:

20/ 2020/ 30Right Eye: 70 degrees

Left Eye:

20/ 2020/ 30Left Eye: 70 degrees

Both Eyes:

20/ 2020/ 30

Yes No

☒ ☐

Applicant can recognize and distinguish among traffic control signals and devices showing red, green, and amber colors

Monocular vision

☐ ☒

Referred to ophthalmologist or optometrist?

☐ ☒

Received documentation from ophthalmologist or optometrist?

☐ ☒**Hearing**

Standard: Must first perceive whispered voice at not less than 5 feet OR average hearing loss of less than or equal to 40 dB, in better ear (with or without hearing aid).

Check if hearing aid used for test: ☐ Right Ear ☐ Left Ear ☐ Neither

Whisper Test Results

Right Ear Left Ear

Record distance (in feet) from driver at which a forced whispered voice can first be heard

5 ft 5 ft

OR

Audiometric Test Results

Right Ear:

Left Ear:

500 Hz

1000 Hz

2000 Hz

500 Hz

1000 Hz

2000 Hz

Average (right):

Average (left):

PHYSICAL EXAMINATION

The presence of a certain condition may not necessarily disqualify a driver, particularly if the condition is controlled adequately, is not likely to worsen, or is readily amenable to treatment. Even if a condition does not disqualify a driver, the Medical Examiner may consider deferring the driver temporarily. Also, the driver should be advised to take the necessary steps to correct the condition as soon as possible, particularly if neglecting the condition could result in a more serious illness that might affect driving.

Check the body systems for abnormalities.

Body System

Normal Abnormal

1. General

☒ ☐

2. Skin

☒ ☐

3. Eyes

☒ ☐

4. Ears

☒ ☐

5. Mouth/throat

☒ ☐

6. Cardiovascular

☒ ☐

7. Lungs/chest

☒ ☐**Body System**

Normal Abnormal

8. Abdomen

☒ ☐

9. Genito-urinary system including hernias

☒ ☐

10. Back/spine

☒ ☐

11. Extremities/joints

☒ ☐

12. Neurological system including reflexes

☒ ☐

13. Gait

☒ ☐

14. Vascular system

☒ ☐

Discuss any abnormal answers in detail in the space below and indicate whether it would affect the driver's ability to operate a CMV. Enter applicable item number before each comment.

HPL- V2x HPL on the road - Received continue w/ med.

Plan: Carbs per pmt 371-41(6)1

(Attach additional sheets if necessary)

Last Name: Garza Cantu First Name: Juan Jose DOB: 01-29-78 Exam Date: 3-16-24**DRIVER HEALTH HISTORY** (continued)

Do you have or have you ever had:	Yes	No	Not Sure		Yes	No	Not Sure
1. Head/brain injuries or illnesses (e.g., concussion)	☐	☒	☐	16. Dizziness, headaches, numbness, tingling, or memory loss	☐	☒	☐
2. Seizures/epilepsy	☐	☒	☐	17. Unexplained weight loss	☐	☒	☐
3. Eye problems (except glasses or contacts)	☐	☒	☐	18. Stroke, mini-stroke (TIA), paralysis, or weakness	☐	☒	☐
4. Ear and/or hearing problems	☐	☒	☐	19. Missing or limited use of arm, hand, finger, leg, foot, toe	☐	☒	☐
5. Heart disease, heart attack, bypass, or other heart problems	☐	☒	☐	20. Neck or back problems	☐	☒	☐
6. Pacemaker, stents, implantable devices, or other heart procedures	☐	☒	☐	21. Bone, muscle, joint, or nerve problems	☐	☒	☐
7. High blood pressure	☒	☐	☐	22. Blood clots or bleeding problems	☐	☒	☐
8. High cholesterol	☐	☒	☐	23. Cancer	☐	☒	☐
9. Chronic (long-term) cough, shortness of breath, or other breathing problems	☐	☒	☐	24. Chronic (long-term) infection or other chronic diseases	☐	☒	☐
10. Lung disease (e.g., asthma)	☐	☒	☐	25. Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring	☐	☒	☐
11. Kidney problems, kidney stones, or pain/problems with urination	☐	☒	☐	26. Have you ever had a sleep test (e.g., sleep apnea)?	☐	☒	☐
12. Stomach, liver, or digestive problems	☐	☒	☐	27. Have you ever spent a night in the hospital?	☐	☒	☐
13. Diabetes or blood sugar problems Insulin used	☐	☒	☐	28. Have you ever had a broken bone?	☐	☒	☐
14. Anxiety, depression, nervousness, other mental health problems	☐	☒	☐	29. Have you ever used or do you now use tobacco?	☐	☒	☐
15. Fainting or passing out	☐	☒	☐	30. Do you currently drink alcohol?	☐	☒	☐
				31. Have you used an illegal substance within the past two years?	☐	☒	☐
				32. Have you ever failed a drug test or been dependent on an illegal substance?	☐	☒	☐

Other health condition(s) not described above:

☐ Yes ☒ No ☐ Not Sure

Did you answer "yes" to any of questions 1-32? If so, please comment further on those health conditions below:

☒ Yes ☐ No ☐ Not Sure

(Attach additional sheets if necessary)

CMV DRIVER'S SIGNATURE

I certify that the above information is accurate and complete. I understand that inaccurate, false or missing information may invalidate the examination and my Medical Examiner's Certificate, that submission of fraudulent or intentionally false information is a violation of 49 CFR 390.35, and that submission of fraudulent or intentionally false information may subject me to civil or criminal penalties under 49 CFR 390.37 and 49 CFR 386 Appendices A and B.

Driver's Signature: [Signature]Date: 3-16-24**SECTION 2. Examination Report** (to be filled out by the medical examiner)**DRIVER HEALTH HISTORY REVIEW**

Review and discuss pertinent driver answers and any available medical records. Comment on the driver's responses to the "health history" questions that may affect the driver's safe operation of a commercial motor vehicle (CMV).

Medicare
Age 45
- An. 10. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 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1016. 1017. 1018. 1019. 1020. 1021. 1022. 1023. 1024. 1025. 1026. 1027. 1028. 1029. 1030. 1031. 1032. 1033. 1034. 1035. 1036. 1037. 1038. 1039. 1040. 1041. 1042. 1043. 1044. 1045. 1046. 1047. 1048. 1049. 1050. 1051. 1052. 1053. 1054. 1055. 1056. 1057. 1058. 1059. 1060. 1061. 1062. 1063. 1064. 1065. 1066. 1067. 1068. 1069. 1070. 1071. 1072. 1073. 1074. 1075. 1076. 1077. 1078. 1079. 1080. 1081. 1082. 1083. 1084. 1085. 1086. 1087. 1088. 1089. 1090. 1091. 1092. 1093. 1094. 1095. 1096. 1097. 1098. 1099. 1100. 1101. 1102. 1103. 1104. 1105. 1106. 1107. 1108. 1109. 1110. 1111. 1112. 1113. 1114. 1115. 1116. 1117. 1118. 1119. 1120. 1121. 1122. 1123. 1124. 1125. 1126. 1127. 1128. 1129. 1130. 1131. 1132. 1133. 1134. 1135. 1136. 1137. 1138. 1139. 1140. 1141. 1142. 1143. 1144. 1145. 1146. 1147. 1148. 1149. 1150. 1151. 1152. 1153. 1154. 1155. 1156. 1157. 1158. 1159. 1160. 1161. 1162. 1163. 1164. 1165. 1166. 1167. 1168. 1169. 1170. 1171. 1172. 1173. 1174. 1175. 1176. 1177. 1178. 1179. 1180. 1181. 1182. 1183. 1184. 1185. 1186. 1187. 1188. 1189. 1190. 1191. 1192. 1193. 1194. 1195. 1196. 1197. 1198. 1199. 1200. 1201. 1202. 1203. 1204. 1205. 1206. 1207. 1208. 1209. 1210. 1211. 1212. 1213. 1214. 1215. 1216. 1217. 1218. 1219. 1220. 1221. 1222. 1223. 1224. 1225. 1226. 1227. 1228. 1229. 1230. 1231. 1232. 1233. 1234. 1235. 1236. 1237. 1238. 1239. 1240. 1241. 1242. 1243. 1244. 1245. 1246. 1247. 1248. 1249. 1250. 1251. 1252. 1253. 1254. 1255. 1256. 1257. 1258. 1259. 1260. 1261. 1262. 1263. 1264. 1265. 1266. 1267. 1268. 1269. 1270. 1271. 1272. 1273. 1274. 1275. 1276. 1277. 1278. 1279. 1280. 1281. 1282. 1283. 1284. 1285. 1286. 1287. 1288. 1289. 1290. 1291. 1292. 1293. 1294. 1295. 1296. 1297. 1298. 1299. 1300. 1301. 1302. 1303. 1304. 1305. 1306. 1307. 1308. 1309. 1310. 1311. 1312. 1313. 1314. 1315. 1316. 1317. 1318. 1319. 1320. 1321. 1322. 1323. 1324. 1325. 1326. 1327. 1328. 1329. 1330. 1331. 1332. 1333. 1334. 1335. 1336. 1337. 1338. 1339. 1340. 1341. 1342. 1343. 1344. 1345. 1346. 1347. 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Last Name:

Garcia Cantu

First Name:

Juan

DOB:

01-29-78

Exam Date:

03-16-24

please complete only one of the following (Federal or State) Medical Examiner Determination sections:

MEDICAL EXAMINER DETERMINATION (Federal)

Use this section for examinations performed in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49):

☐ Does not meet standards (specify reason): _____

☐ Meets standards in 49 CFR 391.41; qualifies for 2-year certificate

☒ Meets standards, but periodic monitoring required (specify reason): Dr 17TW on Rx

Driver qualified for: ☐ 3 months ☐ 6 months ☒ 1 year ☐ other (specify): _____

☒ Wearing corrective lenses

☐ Wearing hearing aid

☐ Accompanied by a waiver/exemption (specify type): _____

☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate

☐ Qualified by operation of 49 CFR 391.64 (Federal)

☐ Driving within an exempt intracity zone (see 49 CFR 391.62) (Federal)

☐ Determination pending (specify reason): _____

☐ Return to medical exam office for follow-up on (must be 45 days or less): _____

☐ Medical Examination Report amended (specify reason): _____

(if amended) Medical Examiner's Signature: _____

Date: _____

☐ Incomplete examination (specify reason): _____

If the driver meets the standards outlined in 49 CFR 391.41, then complete a Medical Examiner's Certificate as stated in 49 CFR 391.43(h), as appropriate.

I have performed this evaluation for certification. I have personally reviewed all available records and recorded information pertaining to this evaluation, and attest that, to the best of my knowledge, I believe it to be true and correct.

Medical Examiner's Signature: _____

Medical Examiner's Name (please print or type):

Dr. Jenny T. Le, D.C.

Medical Examiner's Address: 440 Benmar Dr., Ste. 1020

City: Houston

State: TX

Zip Code: 77060

Medical Examiner's Telephone Number: 713-213-7803

Date Certificate Signed: 03-16-24

Medical Examiner's State License, Certificate, or Registration Number: DC09174TX

Issuing State: TX

☐ MD ☐ DO ☐ Physician Assistant ☒ Chiropractor ☐ Advanced Practice Nurse

☐ Other Practitioner (specify): _____

National Registry Number: 4762579227

Medical Examiner's Certificate Expiration Date:

03-16-25