Form MCSA-5876

OMB No.: 2126-0006 Expiration Date: 03/31/2025

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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:** Gonzalez **First Name:** Reynaldo 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: 6/21/2024

Medical Examiner's Signature: Carlos M Remirez M.D.

Medical Examiner's Telephone Number: (915) 594-7787

Date Certificate Signed: 6/21/2022

Medical Examiner's Name *(please print or type)*: Carlos M Remirez

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

Medical Examiner's State License, Certificate, or Registration Number: G7869

Issuing State: TX

National Registry Number: 2404600823

Driver's Signature:

Driver's License Number: G524720732911

Issuing State/Province: FL

Driver's Address
Street Address: 1743 NW 66th St City: Miami State/Province: FL Zip Code: 33147

CLP/CDL Applicant/Holder ☒ Yes ○ No

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Rev 3/29/22