Form MCSA-5875

Please note: the information data on this form cannot be the primary or standalone information source for the Office of Motor Carriers and Safety. This requirement is certified information as

OMB No. 2126-0050 Expiration Date 12/31/2022

Public Burden Statement

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

MEDICAL EXAMINER'S CERTIFICATE

(For Commercial Motor Vehicle Certification)

CMV DRIVER CERTIFICATION

I certify that I have examined (first name) Ramos San Roman (last name) Yordan in accordance with (please check only one):

- (●) the Federal Motor Carrier Safety Regulations (49 CFR Part 391.41(b)) 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 Part 391.41(b)) 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 Part 391.42)
- [ ] Qualified for operation of _____ (Fill-in)
- [ ] 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 Signature Date: 12/2/24

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature: Dr. Michelle Rinas DC

Medical Examiner's Name (print or type in full): Dr. Michelle Rinas DC

Medical Examiner's State License, Certificate, or Registration Number: CH12024

Medical Examiner's Telephone Number: 239-947-3330

Date Completed (mm/dd/yyyy): 12/2/23

( ) MD ( ) Physician Assistant ( ) Advanced Practice Nurse
( ) DO (●) Chiropractor ( ) Other Practitioner (Specify): _____

Issuing State: FL

National Registry Number: 7429641955

CMV DRIVER INFORMATION

Driver's Signature

Driver's Address: 2125 Linwood Ave Unit 102 City: Naples State/Province: FL Zip Code: 34112

Driver's License Number: R525-960-85-055-0 Issuing State/Province: FL

CLP/CDL Applicant/Holder (●) Yes ( ) No

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