Form MCSA-5876

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OMB No. 2126-0006 Expiration Date: 11/30/2021

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:** Portillo **First Name:** Austreberto 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*) 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
- ☐ 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,
  - ☐ 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: 6-28-2023

Medical Examiner's Signature

Medical Examiner's Name (*please print or type*): R. Kaufman APN

Medical Examiner's Telephone Number: (915) 778-9811

Date Certificate Signed: JUN 28 2021

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

Medical Examiner's State License, Certificate, or Registration Number: 522056

Issuing State: TX

National Registry Number: 4485582718

Driver's Signature

Driver's License Number: 15375837

Issuing State/Province: TX

Driver's Address

Street Address: 3561 Whitetail Deer Dr City: El Paso State/Province: TX Zip Code: 79938

CLP/CDL Applicant/Holder: ● Yes ○ No

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