OMB No. 2126-0006 Expiration Date: 8/31/2018

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:** Cordova Frausto **First Name:** Ramiro 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
7/12/18

Medical Examiner's Signature

Medical Examiner's Telephone Number
713-643-6737

Date Certificate Signed
07-12-16

Medical Examiner's Name *(please print or type)*
Dr. Jesús E García, D.C.

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

Medical Examiner's State License, Certificate, or Registration Number
Texas Board of Chiropractic Examiners #4059

Issuing State
Texas

National Registry Number
8819111720

Driver's Signature

Driver's License Number
35870498

Issuing State/Province
TX

Driver's Address
Street Address: 10881 Richmond Ave #314 City: Houston State/Province: TX Zip Code: 77042

CLP/CDL Applicant/Holder
☑ Yes ○ No