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

MEDICAL EXAMINER'S CERTIFICATE
(for Commercial Driver Medical Certification)

CMV DRIVER CERTIFICATION

I certify that I have examined (last name) Fernandez Sr (first name) Jorge In accordance with (please check only one):

- ☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41, 391.43) 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, 391.43) 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 ☐ Accompanied by a waiver/exemption (specify type): ☐ Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
- ☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.63 (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
3/7/2024

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature Carlos M. Ramirez, M.D.

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

Date Certificate Signed
3/7/2022

Medical Examiner's Name (please print or type)

Carlos M. Ramirez

☒ 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

CMV DRIVER INFORMATION

Driver's Signature [Signature]

Driver's License Number
206578162

Issuing State/Province
NY

Driver's Address
Street Address: 1937 Quintero Ln

City: Lehigh Acres

State/Province: FL

Zip Code: 33972

CLP/CDL Applicant/Holder
☒ Yes ☐ No

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Dr. Carlos Ramirez (Medical Doctor)

RE Medical Associates

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N/A [Directions](#)

