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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*) Ruiz (*first name*) Manuel in accordance with (*please check only one*):

☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41); 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); 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) (*if applicable*)

☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of [illegible] (*if applicable*)

☐ Grandfathered from State requirements (*if applicable*)

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: 04/17/2025

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature: [signature]

Medical Examiner's Telephone Number: 813-352-8305

Date Certificate Signed: 04/17/2023

Medical Examiner's Name (*please print or type*): Devsi Aguilera ARNP

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

Medical Examiner's State License, Certificate, or Registration Number: 9407603

Issuing State: Florida

National Registry Number: 9592102665

CMV DRIVER INFORMATION

Driver's Signature: [signature]

Driver's License Number: R234-541-86-445-0

Issuing State/Province: FL

Driver's Address
Street Address: 8102 Sheldon Rd Apto 807 Tampa State/Province: FL Zip Code: 33615

CLP/CDL Applicant/Holder: ☒ Yes ○ No

←

Mrs. Deysi Aguilera
(Nurse Practitioner)

Email Website

Practice Business Name
Phoenix Medical Clinic

Address
6408 N Armenia Ave Ste B1 Tampa, FL 33604

Hours of Operation
-

National Registry Number
9592102665

Certification Date
12/23/2015

Distance
N/A

Business Phone
(813) 352-8305

Business Fax Number
8136660509

Business Email
deysiag@att.net