

Public Burden Statement

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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: Diaz-Laraballo First Name: Victor 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 ☐ Accompanied by a _____ waiver/exemption ☐ 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 391.64 (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

3/7/2023

Medical Examiner's Signature

Campbell Campbell

Medical Examiner's Telephone Number

3868784137

Date Certificate Signed

3/7/2023

Medical Examiner's Name (please print or type)

CAMEKA CAMPBELL

- ☐ MD ☐ Physician Assistant ☒ Advanced Practice Nurse
☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____

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

APRN 9281633

Issuing State

Florida

National Registry Number

☒ 3829029301

Driver's Signature

[Signature]

Driver's License Number

D261870893740

Issuing State/Province

Florida ☒

Driver's Address

Street Address: 2001 S Voss Rd Apt 309 City: Houston

State/Province: FL ☒

Zip Code: 77057

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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⊕ **Ms. Cameka Campbell**
(Advanced Practice Registered Nurse)

Not accepting examination requests at this time. Please do not contact to schedule an examination.

National Registry Number	Certification Date
3829029301	04/02/2019

