OMB No. 2126-0006 Expiration Date: 11/30/202

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:** Castle **First Name:** Tyler 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
February 14, 2025

Medical Examiner's Signature
Maria C Hernandez

Medical Examiner's Telephone Number
8662359112

Date Certificate Signed
02/14/2023

Medical Examiner's Name *(please print or type)*
Maria C Hernandez

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

Medical Examiner's State License, Certificate, or Registration Number
CH10452

Issuing State
FL

National Registry Number
1212372950

Driver's Signature
Tyler Castle

Driver's License Number
C234802990850

Issuing State/Province
FL

Driver's Address
Street: 4785 Meadow Dr City: Saint Cloud State/Province: FL Zip Code: 34772

CLP/CDL Applicant/Holder
(●) Yes ( ) No

This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.

Stevens TampaSTI FL DOB: 03/05/99 5739 590835739

←

Dr. Maria Hernandez
(Doctor Of Chiropractic)

Email Website

Practice Business Name
Maria C Hernandez, DC

Address
6225 Gannetdale Dr Lithia, FL 33547

Hours of Operation
by appointment only monday, wednesday, friday 9 am - 5 pm sat 8 am - 12 pm

National Registry Number
1212372950

Certification Date
05/10/2014

Distance
N/A

Business Phone
(813) 335-9605

Business Fax Number
-

Business Email
hbchirowellness@yahoo.com