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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: PADILLA ALMAGUER First Name: FERNANDO 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  
02/18/2024

Medical Examiner's Signature

Medical Examiner's Telephone Number

(305) 888-6959

Date Certificate Signed

02/18/2022

Medical Examiner's Name (please print or type)

Dwayne Wilson

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

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

ME121189

Issuing State

FL

National Registry Number

5781970727

Driver's Signature

Driver's License Number

P344241893380

Issuing State/Province

FL

Driver's Address

Street Address: 6680 W 2ND CT APT#100

City: HIALEAH

State/Province: FL

Zip Code: 33012

CLP/CDL Applicant/Holder  
☒ Yes ☐ No





# FMCSA

Federal Motor Carrier Safety Administration



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National Registry Number

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5781970727

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**Dr. Dwayne Wilson (Medical Doctor)**



**Adventist Health Lodi Memorial**

800 S Lower Sacramento Avenue Lodi, CA 95242

 (209) 339-7441

 N/A [Directions](#) 

