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

Medical Examiner's Certificate
(for Commercial Motor Vehicle Medical Certification)

I certify that I have examined **Last Name:** FERRERA ZELAYA **First Name:** JUAN in accordance with *(please check only one)*: 09/10/1974

- (•) 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 lense
- [ ] 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. File #9817

Medical Examiner's Certificate Expiration Date
7/18/2024

Medical Examiner's Signature

Medical Examiner's Telephone Number
954-797-1490

Date Certificate Signed
7/19/2022

Medical Examiner's Name *(please print or type)*
E. S. HANSEN

( ) MD ( ) Physician Assistant ( ) Advanced Practice Nurse
( ) DO (•) DC ( ) Other Practitioner *(specify)* _____

Medical Examiner's State License, Certificate, or Registration Number
CH10125

Issuing State
FL

National Registry Number
2827263503

Driver's Signature

Driver's License Number
F662426743300

Issuing State/Province
FL

Driver's Address
Street Address: 6215 W 22ND CT APT 25 City: HIALEAH State/Province: FL Zip Code: 33016

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

United States Department of Transportation

FMCSA
Federal Motor Carrier Safety Administration

NATIONAL REGISTRY OF CERTIFIED MEDICAL EXAMINERS

Search Medical Examiners

City, State or Zipcode | 10 | Miles

National Registry Number: 2827263503

Business Name:

First Name:

Last Name:

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