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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:** Flores **First Name:** Rogelio 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
Aug 15, 2025

Medical Examiner's Signature**Medical Examiner's Telephone Number**

(605) 995-5701

Date Certificate Signed

Aug 15, 2023

Medical Examiner's Name (please print or type)

Petersen, Penny NP

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

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

CP000437

Issuing State

SD

National Registry Number

6505673925

Driver's Signature**Driver's Address**

Street Address: 576 Nebraska Ave SW

Driver's License Number

02278656

Issuing State/Province

SD

CLP/CDL Applicant/Holder

State/Province: SD Zip Code: 57350 ☒ Yes ☐ No

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 **Ms. Penny Petersen**
(Nurse Practitioner)



Email



Website

Practice Business Name

Avera Occupational Medicine

Address

525 N Foster Mitchell, SD 57301

Hours of Operation

08:00am-04:30pm

National Registry Number

6505673925

Certification Date

09/04/2013

Distance

N/A

Business Phone

(605) 995-5701

Business Fax Number

6059955700

Business Email

penny.petersen@avera.org

Business Website

www.avera.org/occmedmitchell

