. 1			1/1		
			i la la	1 -	
tify that I have examined Last Name	TAMAYO HERNANDEZ	First Name:	IRKIS in accor	rdance with (please che	ck only one):
find this person is qualified, and, if ap	oplicable, only when (check all that apply,	d: wa		n an exempt intracity zo d from State requireme	one (<u>\$2.018.221.60</u>) (Federal)
ind this person is qualified, and, if ap Wearing corrective lenses Wearing hearing aid formation I have provided regardin A-5875, with any attachments, embr	pplicable, only when (check all that apply) Accompanied by a	waluation (SPE) Certifi d complete. A comple ectly, and is on file in i	iver/exemption Driving within cate Grandfathered te Medical Examination Report Form,	h an exempt intracity z d from State requireme Medicał Ext 07/01/2026	one (<u>\$2.018.221.60</u>) (Federal) ents (State)
ind this person is qualified, and, if ap Wearing corrective lenses Wearing hearing aid Wearing hearing aid nformation I have provided regardin A-5875, with any attachments, embi- lical Examiner's Signature	Accompanied by a	valuation (SPE) Certifi d complete. A complet rectly, and is on file in r	iver/exemption Driving within cate Grandfathered te Medical Examination Report Form, my office. Aedical Examiner's Telephone Numb (305) 834-7900	an exempt intracity zz d from State requirement Medical Exe 07/01/2026 Der Date Cert 07/01/202	one (<u>S2CER 2006</u>) (Federal) ints (State) iminer's Certificate Expiration Dat ificate Signed 24
find this person is qualified, and, if ap Wearing corrective lenses i Wearing hearing aid i Wearing hearing aid i Information I have provided regarding i A-5875, with any attachments, embed i Heal Examiner's Signature i Iteal Examiner's Name (please print) i	Accompanied by a	valuation (SPE) Certifi d complete. A comple ectly, and is on file in i	iver/exemption Driving within cate Grandfathered te Medical Examination Report Form, my office. Medical Examiner's Telephone Numb (305) 834-7900 MD O Physician Assistant	an exempt intracity z d from State requireme Medical Exi 07/01/2026	one (<u>12008 2006</u>) (Federal) ints (State) intimer's Certificate Expiration Dat ifficate Signed 124 Nurse
	Accompanied by aAccompanied by aAccompanied by aAccompanied by a Skill Performance Er ang this physical examination is true and odies my find op- completely and corre- or type	valuation (SPE) Certified complete. A complete ectly, and is on file in the sector of	iver/exemption Driving within cate Grandfathered te Medical Examination Report Form, my office. Medical Examiner's Telephone Numb (305) 834-7900 MD O Physician Assistant	an exempt intracity z d from State requireme <u>Medical Ext</u> 07/01/2026 Der Date Cert 07/01/20 O Advanced Practice O Other Practitioner (one (<u>S2CER 235.6.</u>) (Federal) ints (State) iminer's Certificate Expiration Dat ificate Signed (24 Nurse specify) Registry Number
find this person is qualified, and, if ap Wearing corrective lenses i Wearing hearing aid i Wearing hearing aid i Information I have provided regarding i A-5875, with any attachments, embody information I have provided regarding Bical Examiner's Signature i Bical Examiner's Name (please print) i ad Rose i Bical Examiner's State Lice Cent 10847 i	Accompanied by aAccompanied by aAccompanied by aAccompanied by a Skill Performance Er ang this physical examination is true and odies my find op- completely and corre- or type	valuation (SPE) Certifi d complete. A comple rectly, and is on file in in 2	iver/exemption Driving within cate Grandfathered te Medical Examination Report Form, my office. Aedical Examiner's Telephone Numb (305) 834-7900 MD O Physician Assistant O DO O Chiropractor ssuing State	an exempt intracity zz d from State requireme <u>Medical Ex</u> 07/01/2026 Der Date Cert 07/01/20 O Advanced Practice O Other Practitioner (National 4294143	one (<u>S2CER 235.6.</u>) (Federal) ints (State) iminer's Certificate Expiration Dat ificate Signed (24 Nurse specify) Registry Number
find this person is qualified, and, if ap Wearing corrective lenses i Wearing hearing aid i Wearing hearing aid i Information I have provided regarding information I have provided regarding A-5875, with any attachments, embody information I have provided regarding Bical Examiner's Signature information I have provided regarding Bical Examiner's Name (please print) information I have provided regarding Ideal Examiner's State Lice formation I have provided regarding Ideal Examiner's State Lice formation I have provided regarding Information I have provided regarding information I have provided regarding Ideal Examiner's Signature prefix Signature Wear's Address prefix Address	Accompanied by aAccompanied by aAccompanied by aAccompanied by a Skill Performance En accompanied by a Skill Performance En ag this physical examination is true and odies my findings completely and corre- or type://Accompany.completely and corre- tificate, or Registration Number	valuation (SPE) Certified complete. A complete ectly, and is on file in the sector of	iver/exemption Driving within cate Grandfathered te Medical Examination Report Form, my office. Aedical Examiner's Telephone Numb (305) 834-7900 MD O Physician Assistant DO O Chiropractor ssuing State Florida	h an exempt intracity zz d from State requirement Medical Ex. 07/01/2026 Der Date Cert 07/01/2020 O Advanced Practice O Other Practitioner (National 4294143 Issuing S Texas	one (121112 2015 201) (Federal) ints (State) inter's Certificate Expiration Dat ifficate Signed 124 Nurse specify) Registry Number 1777 tate/Province CLP/CDL Applicant/Hol
find this person is qualified, and, if ap Wearing corrective lenses // Wearing hearing aid // Wearing hearing aid // Information I have provided regarding // A-5875, with any attachments, embored the second sec	Accompanied by aAccompanied by aAccompanied by aAccompanied by a Skill Performance Er and this physical examination is true and odies my finding-completely and corre- or type thicate, or Registration Number DRCity: S	valuation (SPE) Certifi d complete. A complet ectly, and is on file in r	iver/exemption Driving within cate Grandfathered te Medical Examination Report Form, my office. Medical Examiner's Telephone Numb (305) 834-7900 MD O Physician Assistant DO O Chiropractor ssuing State Florida Driver's License Number 36677858 	h an exempt intracity zz d from State requirement Medical Exc 07/01/2026 Deer Date Cert 07/01/2020 O Advanced Practice O Other Practitioner (National 4294143 Issuing S Texas Zip Code: 77 Is and secure this information	one (121111 215162) (Federal) Ints (State) Inter's Certificate Expiration Data Inter's Certificate Inter's Certificate Expiration Data Inter's Certificate State Inter's Ce
find this person is qualified, and, if ap Wearing corrective lenses i Wearing hearing aid i Wearing hearing aid i Wearing hearing aid i Information I have provided regarding information I have provided regarding A-5875, with any attachments, embody information I have provided regarding Bical Examiner's Signature information I have provided regarding Bical Examiner's Name (please print) information I have provided regarding Bical Examiner's State Lice Cert Head Examiner's State Lice<	Accompanied by aAccompanied by aAccompanied by aAccompanied by a Skill Performance En accompanied by a Skill Performance En ag this physical examination is true and odies my findings completely and corre- or type://Accompany.completely and corre- tificate, or Registration Number	valuation (SPE) Certifi d complete. A complet ectly, and is on file in r	iver/exemption Driving within cate Grandfathered te Medical Examination Report Form, my office. Medical Examiner's Telephone Numb (305) 834-7900 MD O Physician Assistant DO O Chiropractor ssuing State Florida Driver's License Number 36677858 	h an exempt intracity zz d from State requirement Medical Exc 07/01/2026 Deer Date Cert 07/01/2020 O Advanced Practice O Other Practitioner (National 4294143 Issuing S Texas Zip Code: 77 Is and secure this information	one (121111 215162) (Federal) Ints (State) Inter's Certificate Expiration Data Inter's Certificate Inter's Certificate Expiration Data Inter's Certificate State Inter's Ce

