

I certify that I have examined **Last Name:** TAMAYO HERNANDEZ **First Name:** DIRKIS in accordance with (please check only one):

☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.61-391.65) 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 391.61-391.65) 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 391.63) (Federal)

☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ 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

07/01/2026

Medical Examiner's Signature

Medical Examiner's Telephone Number

Date Certificate Signed

(305) 834-7900

07/01/2024

Medical Examiner's Name (please print or type)

☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse

Jared Rose

☐ DO ☒ Chiropractor

☐ Other Practitioner (specify) \_\_\_\_\_

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

Issuing State

National Registry Number

CH10847

Florida

4294143777

Driver's Signature

Driver's License Number

Issuing State/Province

36677858

Texas

Driver's Address

CLP/CDL Applicant/Holder

Street Address: 24103 LONE ELM DR

City: SPRING

State/Province: TX

Zip Code: 77373

☒ Yes ☐ No

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