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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: SMITH** **First Name: EVEROY** 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):

- | | | |
|--|--|--|
| <input type="checkbox"/> Wearing corrective lenses | <input type="checkbox"/> Accompanied by a _____ waiver/exemption | <input type="checkbox"/> Driving within an exempt intracity zone (49 CFR 391.62) (Federal) |
| <input type="checkbox"/> Wearing hearing aid | <input type="checkbox"/> Accompanied by a Skill Performance Evaluation (SPE) Certificate | <input type="checkbox"/> Qualified by operation of 49 CFR 391.64 (Federal) |
| | | <input type="checkbox"/> 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

Dec 19, 2024

Medical Examiner's Signature

Medical Examiner's Name (please print or type)

VICTOR KRESTOW

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

ME9814

Medical Examiner's Telephone Number

13056523614

Date Certificate Signed

DEC 19, 2022

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

Issuing State

FL

National Registry Number

2287679143

Driver's Signature

Driver's Address

Street Address: 421 NW 7TH TERRACE

City: FORT LAUDERDALE

State/Province: FL

Zip Code: 33311

Driver's License Number

S530201720070

Issuing State/Province

FL

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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FMCSA

Federal Motor Carrier Safety Administration

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[Next Page](#)[+](#) **Dr. Victor Krestow (Medical Doctor)** **Victor P. Krestow, Md, Pa**

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(305) 652-3614

 N/A [Directions](#)

5th Dr

NW 185th Dr

NW 185th Dr

NW 185th Dr