



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

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## Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

I certify that I have examined **Last Name:** Oliveira **First Name:** Rafael 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)

### Medical Examiner's Certificate Expiration Date

06/01/2025

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 Signature

[Signature]

Medical Examiner's Name (please print or type)

Guerda Johnson

### Medical Examiner's Telephone Number

(903) 231-5552

### Date Certificate Signed

06/01/2023

☐ MD ☐ Physician Assistant ☒ Advanced Practice Nurse

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

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

AP132062

### Issuing State

Texas

### National Registry Number

6226743242

### Driver's Signature

[Signature]

### Driver's License Number

0416720812050

### Issuing State/Province

Florida

### Driver's Address

Street Address: 5483 Vineland Rd # 10209 City: Orlando

State/Province: FL Zip Code: 32811

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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 Mrs. Guerda Johnson  
(Nurse Practitioner)



Email



Website

**Practice Business Name**  
Smart Choice Medical Clinic

**Address**  
3347 Old Jacksonville Hwy STE 100 Tyler, TX 75701

**Hours of Operation**  
-

**National Registry Number** 6226743242  
**Certification Date** 11/30/2021

**Distance** N/A  
**Business Phone** (903) 231-5552

**Business Fax Number**  
-

**Business Email**  
gjohnson@smartchoiceclinic.com

**Business Website**  
smartchoiceclinic.com



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U.S. DEPARTMENT OF TRANSPORTATION  
**Federal Motor Carrier Safety Administration**  
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