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

## Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

Certify that I have examined Last Name:  Oliveira  First Name:  Rafael  In accordance with (please check only one):  In deficient 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) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply).  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).  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).  Wearing corrective lenses  Accompanied by a Skill Performance Evaluation (SPE) Certificate  Wearing hearing aid  Accompanied by a Skill Performance Evaluation (SPE) Certificate  Grandfathered from State requirements (State)  Medical Examiner's Signature  Medical Examiner's Signature  Medical Examiner's Telephone Number  Medical Examiner's Telephone Number  Date Certificate Expiration Date  Medical Examiner's Telephone Number  Date Certificate Signed  Medical Examiner's Telephone Number  Date Certificate Signed  Medical Examiner's Certifica	in accordance with (please check only on adriving duties, I find this person is qualified, and, if applicable, only when ariances (which will only be valid for intrastate operations), and, with know waiver/exemption  Driving within an exempt intracity zone (49 CF Qualificate  Qualified by operation of 49 CFR 391.64 (Federal Practice Nurse)  Medical Examination Report Form,  [903) 231-5552  OMD  OPhysician Assistant  Other Practitioner (specify)	in accordance with (please check only one):  person is qualified, and, if applicable, only when (check all that apply) OR e valid for intrastate operations), and, with knowledge of the driving duties,  Driving within an exempt intracity zone (49 CFR 391.62) (Federal)  Qualified by operation of 49 CFR 391.64 (Federal)  Grandfathered from State requirements (State)  Medical Examiner's Certificate Expiration Date  06/01/2025  phone Number  Obte Practice Nurse  06/01/2023  Other Practitioner (specify)
The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, WCSA-5875, with any attachments, embodies my findings completely and correctly, and is on file in my office.	al Examinati	Medical Examiner's Certificate Expiration Date 06/01/2025
Medical Examiner's Signature  \( \mathcal{H} \rightarrow \mathcal{H} \rightarr	Medical Examiner's Telephone Number (903) 231-5552	Date Certificate Signed 06/01/2023
MedicalExaminer's Name (please print or type) Guerda Johnson	O Physician Assistant O Chiropractor	ractitioner (specify)
Medical Examiner's State License, Certificate, or Registration Number AP132062	Issuing State Texas	National Registry Number 6226743242
Driver's 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	Zip Code: $32811$ • Yes $\bigcirc$ No

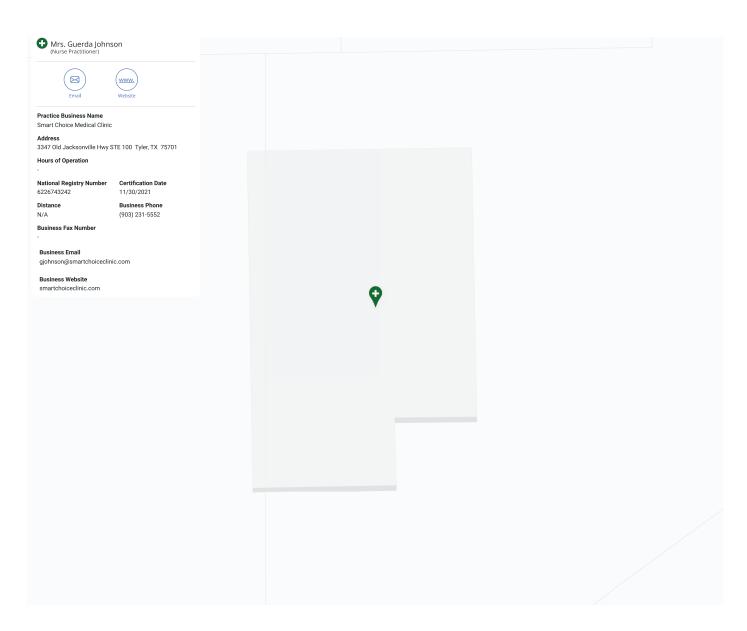
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U.S. DEPARTMENT OF TRANSPORTATION

Federal Motor Carrier Safety Administration

1200 NEW JERSEY AVENUE, SE

WASHINGTON, DC 20590

1-800-832-5660

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