

Public Burden Statement

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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:** FERNANDEZ-VALENTIN **First Name:** SIMON 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)

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

10/07/2024

Medical Examiner's Signature

Rose Mondoa

Medical Examiner's Name (please print or type)

Rose Mondoa

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

APRNCNP0029649

Medical Examiner's Telephone Number

(513) 231-4591

Date Certificate Signed

10/07/2022

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

Issuing State

Ohio

National Registry Number

7344704596

Driver's Signature

Simon Fernandez Valentin

Driver's License Number

XV272966

Issuing State/Province

Ohio

Driver's Address

Street Address: 1008 SYMMES AVE City: HAMILTON State/Province: OH Zip Code: 45011

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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