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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: RODRIGUEZ First Name: HUBERTO 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
- ☐ Wearing hearing aid
- ☐ Accompanied by a _____ waiver/exemption
- ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate
- ☐ 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)

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: 09/14/2024

Medical Examiner's Signature: [signature]

Medical Examiner's Telephone Number: (305) 597-8707

Date Certificate Signed: 09/14/2023

Medical Examiner's Name (please print or type): Maylin Moll Delgado

○ MD ○ Physician Assistant ■ Advanced Practice Nurse
○ DO ○ Chiropractor ○ Other Practitioner (specify) _____

Medical Examiner's State License, Certificate, or Registration Number: APRN11024783

Issuing State: FL

National Registry Number: 9043440272

Driver's Signature: [signature]

Driver's License Number: 061702474

Issuing State/Province: GA

CLP/CDL Applicant/Holder ● Yes ○ No

Driver's Address
Street Address: 2064 S COVE TRL City: MARIETTA State/Province: GA Zip Code: 30066

United States Department of Transportation

FMCSA
Federal Motor Carrier Safety Administration

NATIONAL REGISTRY OF CERTIFIED MEDICAL EXAMINERS

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Mrs. Maylin Moll Delgado (Advanced Practice Registered Nurse)

Dot Solution Inc

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(305) 597-8707 *N/A* Directions