

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:** Rodriguez deya **First Name:** Enoldo 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

07-20-2024

Medical Examiner's Signature

Medical Examiner's Telephone Number

346-206-3963

Date Certificate Signed

07-20-2022

Medical Examiner's Name (please print or type)

Lizandra Rosales

☐ MD ☐ Physician Assistant ☒ Advanced Practice Nurse

☐ DO ☒ Chiropractor ☐ Other Practitioner (specify) _____

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

AP140040

Issuing State

Texas

National Registry Number

3871885221

Driver's Signature

Driver's License Number

35883079

Issuing State/Province

TEXAS

Driver's Address

Street Address: 202 WEAVER ST #C City: PORTLAND State/Province: TEXAS Zip Code: 78374 ☒ Yes ☐ No

CLP/CDL Applicant/Holder

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United States Department of Transportation



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Mrs. Lizandra Rosales (Advanced Practice Registered Nurse)

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