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

Medical Examiner's Certificate

(for Commercial Driver in the United States)

I certify that I have examined: Last Name: **Guardiola**

First Name: **Alfredo**

in accordance with 49 CFR 391.41-49.

- ☒ 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 ☐ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State law (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 ☐ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49).
- ☐ Wearing corrective lenses ☐ Accompanied by a ☐ Waiver under 49 CFR 391.62 ☐ Driving within an exempt intrastate zone (49 CFR 391.62) ☐ Qualified by operation of 49 CFR 391.64 ☐ Grandfathered from State requirements
- ☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate

Medical Examiner's Certificate Expiration Date

12/23/2025

The information I have provided regarding this physical examination is true and complete. A copy is to be placed in the Medical Examination Report Form MCSA-5875, with any attachments embossed or indented completely and correctly, and is on file in my office.

Medical Examiner's Signature

Susan Thornton, APRN

Medical Examiner's Name (please print or type)

Susan Thornton NP APRN

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

APRN9238665

Medical Examiner's Telephone Number

904-572-1959

Date Certificate Signed

12/23/2023

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

Issuing State

Florida

National Registry Number

1872405794

Driver's Signature

Driver's Address

Street Address: 86503 Sand Hickory trl

Driver's License Number

G634016590510

Issuing State/Province

FL

CLP/CDL Applicant/Holder

State/Province

FL

Zip Code: 32097

☒ Yes ☐ No

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10 Miles

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1872405794

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Mrs. Susan Thornton (Nurse Practitioner)

Not accepting examination requests at this time. Please do not contact to schedule an examination.

