



I certify that I have examined **Last Name:** Torres Colon **First Name:** Jessie 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**

9/12/2024

**Medical Examiner's Signature**

Helen Tepper

**Medical Examiner's Name (please print or type)**

Helen Tepper

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

ARNP1719542

**Medical Examiner's Telephone Number**

(863) 777-2740

**Date Certificate Signed**

9/12/2022

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

**Issuing State**

FL

**National Registry Number**

7939633055

**Driver's Signature**

Jessie Torres Colon

**Driver's License Number**

T624432761650

**Issuing State/Province**

FL

**Driver's Address**

Street Address: 8620 N. Orangeview Ave City: Tampa State/Province: FL Zip Code: 33617

**CLP/CDL Applicant/Holder**

☒ Yes ☐ No

**\*\*This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.\*\***

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