Ruperto Moreno Vasquez

Form MCSA-5876

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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:** Moreno Vasquez **First Name:** Ruperto 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)

Medical Examiner's Certificate Expiration Date: 04-10-2025

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 Signature: [signature]

Medical Examiner's Telephone Number: 832 666 8 5974

Date Certificate Signed: 04-10-2023

Medical Examiner's Name (please print or type): Nicole Sletten, DC

( ) MD ( ) DO (●) Chiropractor ( ) Physician Assistant ( ) Advanced Practice Nurse ( ) Other Practitioner (specify)

Medical Examiner's State License, Certificate, or Registration Number: 11795

Issuing State: TX

National Registry Number: 3584112384

Driver's Signature: [signature]

Driver's License Number: 43338483

Issuing State/Province: TX

CLP/CDL Applicant/Holder: (●) Yes ( ) No

Driver's Address

Street Address: 302 Crystal St City: League City State/Province: TX Zip Code: 77573

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Rev. 3/28/22

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THIS STUB MUST BE REMOVED UPON COMPLETION OF THE CERTIFICATE

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United States Department of Transportation

FMCSA
Federal Motor Carrier Safety Administration

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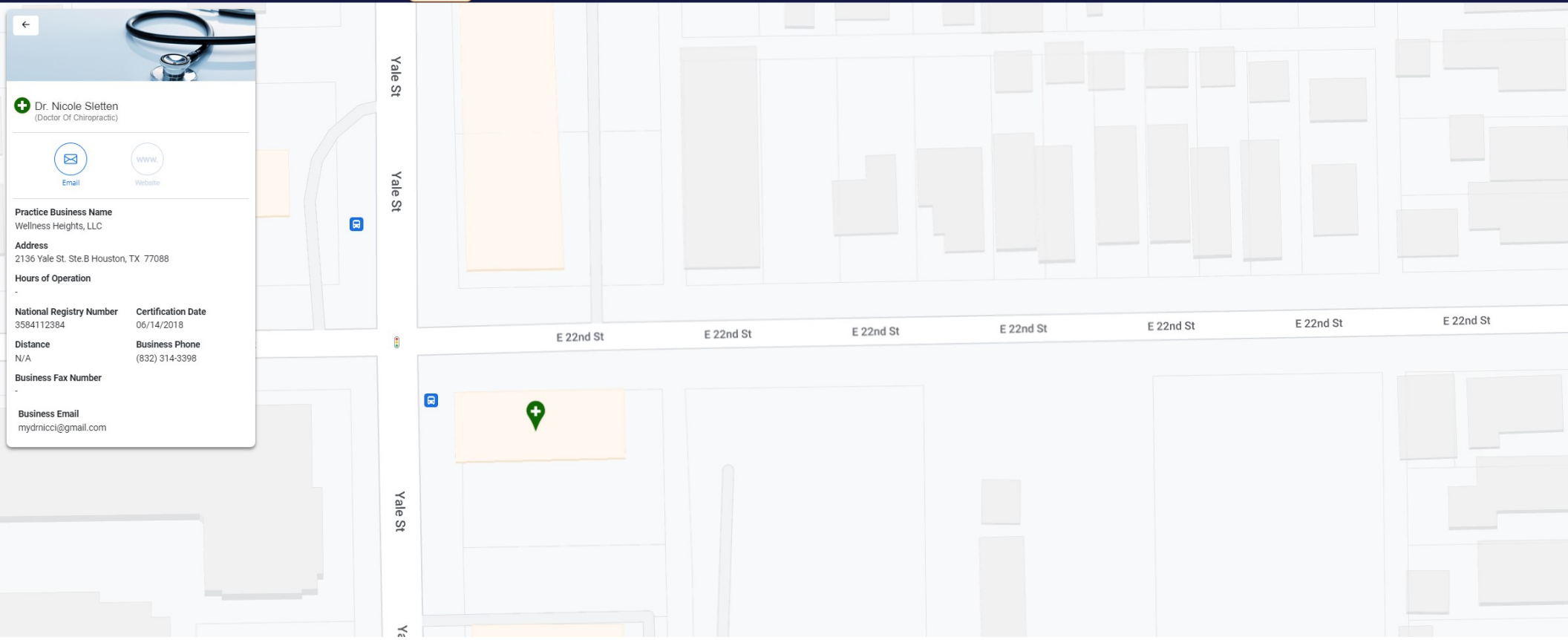

Dr. Nicole Sletten
(Doctor Of Chiropractic)

Email | Website

Practice Business Name
Wellness Heights, LLC

Address
2136 Yale St. Ste.B Houston, TX 77088

Hours of Operation
-

National Registry Number
3584112384

Certification Date
06/14/2018

Distance
N/A

Business Phone
(832) 314-3398

Business Fax Number
-

Business Email
mydrnicci@gmail.com