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OMB No: 2126-0006 Expiration Date: 03/31/2025

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: RiveraFirst Name: Jorge

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 ☐ 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

3/20/2025

Medical Examiner's Signature

Medical Examiner's Name (please print or type)

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

Medical Examiner's Telephone Number

Date Certificate Signed

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

Issuing State

National Registry Number

Driver's Signature

Driver's Address

Street Address: 1886 NE 29th StCity: Orlando

Driver's License Number

R160-422-94-180-0

Issuing State/Province

FLState/Province: FLZip Code: 32812

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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