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**Medical Examiner's Certificate**  
 (For Commercial Driver Medical Certificate)

I certify that I have examined Last Name: Mura First Name: Marius 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 I check all that apply: ☐ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for interstate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when I check all that apply:

☐ Wearing corrective lenses ☐ Accompanied by a \_\_\_\_\_ waives/exemption ☐ Driving within an exempt territory zone (49 CFR 391.53 Federal)

☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.54 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: 1-11-2026

Medical Examiner's Signature: [Signature] Medical Examiner's Telephone Number: 954-835-5252 Date Certificate Signed: 1/12/2024

Medical Examiner's Name (please print or type): Dr. George Samuel ☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse

Medical Examiner's State License, Certificate, or Registration Number: CH10490 ☐ DO ☒ Chiropractor ☐ Other Practitioner (specify) \_\_\_\_\_

Issuing State: Florida National Registry Number: 6730295867

Driver's Signature: [Signature] Driver's License Number: M600-540-72-001-0 Issuing State/Province: Florida

Driver's Address: 3007 NW 4th Ave Apt 1 City: Pompano Beach State/Province: FL Zip Code: 33064-0010 No. 0 Yes 0

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