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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: Cortina** **First Name: Nestor** in accordance with (please check only one):

☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.43) 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 391.41-391.43) 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 (check all that apply):

☒ Wearing corrective lenses ☐ Accompanied by a _____ waiver/exemption ☐ Driving within an exempt intracity zone (49 CFR 391.63) (Federal)

☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.63 (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: **12/22/2024**

Medical Examiner's Signature: **[Signature]** Medical Examiner's Telephone Number: **9563725553** Date Certificate Issued: **12/22/2023**

Medical Examiner's Name (please print or type): **Freddy Romero** ☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse

Medical Examiner's State License, Certificate, or Registration Number: **9290** ☐ DO ☒ Chiropractor ☐ Other Practitioner (specify) _____

Issuing State: **TX** National Registry Number: **2833765229**

Driver's Signature: **[Signature]** Driver's License Number: **11082944** Issuing State/Province: **TX**

Driver's Address: **606 S. Paseo Del Rey St.** City: **Mission** State/Province: **TX** Zip Code: **78512** CLP/CDL Applicant/Holder ☒ Yes ☐ No

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 **Dr. Freddy Romero**
(Doctor Of Chiropractic)



Email



Website

Practice Business Name

A + Medical Examiners, LLC

Address

1401 South 6th Street, Ste. B Mcallen, TX 78501

Hours of Operation

8-6

National Registry Number

2873265229

Certification Date

01/30/2016

Distance

N/A

Business Phone

(956) 322-5558

Business Fax Number

9563225552

Business Email

drfredromero@gmail.com

Business Website

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