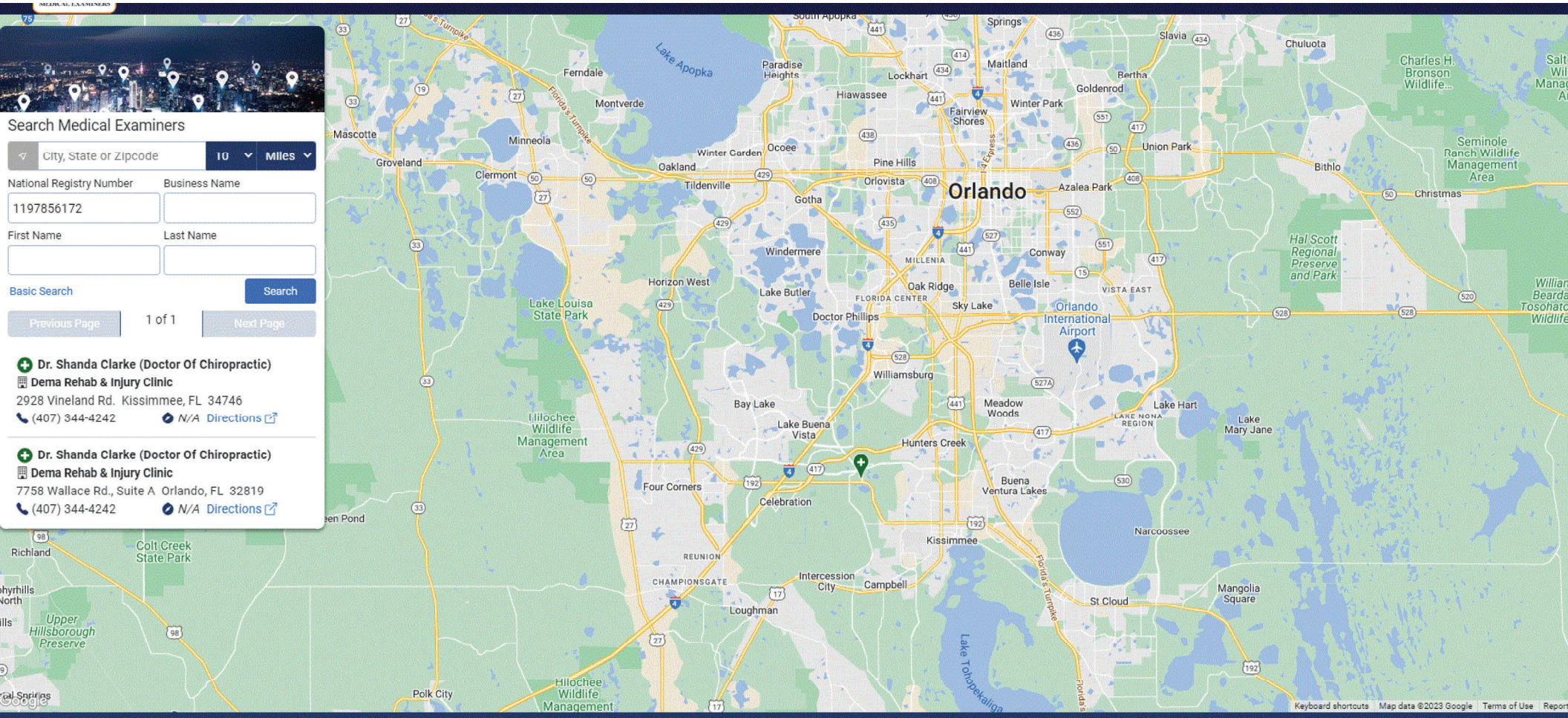

U.S. DEPARTMENT OF TRANSPORTATION
Federal Motor Carrier Safety Administration

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

rm MCSA-5876

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:** Vargas **First Name:** Diego 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)*

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
5/14/2024

Medical Examiner's Signature Shanda M. Clarke

Medical Examiner's Telephone Number 407-866-1628

Date Certificate Signed 5/14/2022

Medical Examiner's Name *(please print or type)*
Dr. Shanda Clarke

○ MD ○ Physician Assistant ○ Advanced Practice Nurse
○ DO ◉ Chiropractor ○ Other Practitioner *(specify)* _____

Medical Examiner's State License, Certificate, or Registration Number
CH10283

Issuing State
Florida

National Registry Number
1197856172

Driver's Signature

Driver's License Number V622-161-81-081-0

Issuing State/Province FLORIDA

Driver's Address
Street Address: 4915 VIRGIN GORDA WAY APT 1324 City: ORLANDO State/Province: FL Zip Code: 32839

CLP/CDL Applicant/Holder ☒ Yes ○ No

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Rev 3/29/22