NATIONAL REGISTRY OF CERTIFIED MEDICAL EXAMINERS

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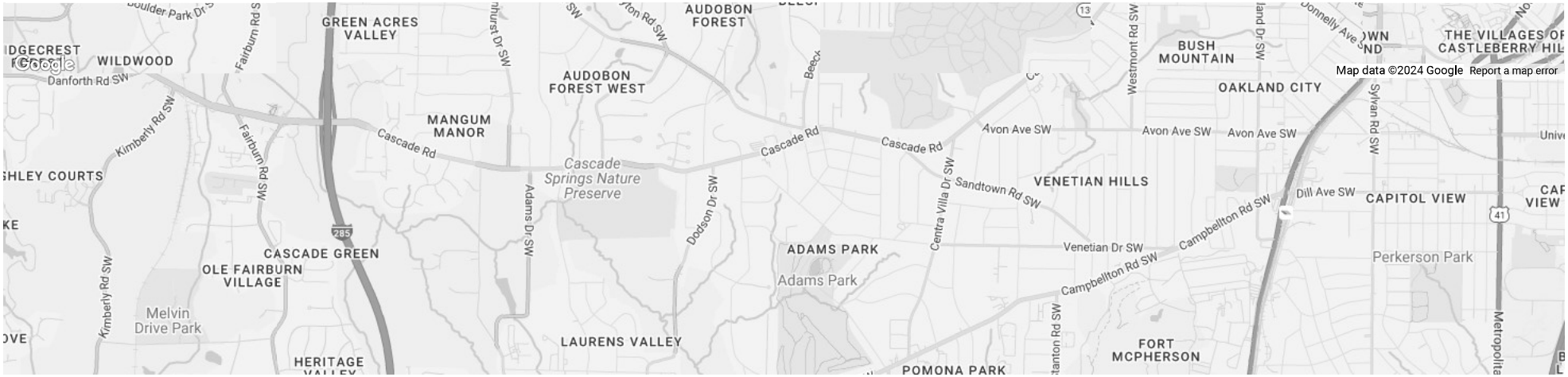
Dr. Robin Woodberry (Medical Doctor)
Concentra
688 Spring St NW Atlanta, GA 30308
(404) 881-1155 *N/A* Directions

Dr. Robin Woodberry (Medical Doctor)
Concentra Urgent Care
2221 SW 19th Avenue Road Suite
100 Ocala, FL 34471
(352) 629-9100 *N/A* Directions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Avon Ave SW
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OAKLAND CITY
Westmont Rd SW
Sylvan Rd SW
Dill Ave SW
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Campbellton Rd SW
Venetian Dr SW
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Adams Park
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OLE FAIRBURN VILLAGE
Melvin Drive Park
LAURENS VALLEY
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Form MCSA-5876 OMB No. 2126-0006 Expiration Date: 03/31/2025

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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:** Tejera santos **First Name:** Maikel *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: 03/26/2026

Medical Examiner's Signature	Medical Examiner's Telephone Number	Date Certificate Signed
	(352)629-9100	03/26/2024

Medical Examiner's Name *(please print or type)*: Woodberry, Robin

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

Medical Examiner's State License, Certificate, or Registration Number	Issuing State	National Registry Number
ME142585	FL	3118871909

Driver's Signature	Driver's License Number	Issuing State/Province
	T262540013740	FL

Driver's Address — CLP/CDL Applicant/Holder

Street Address: 11025 laertes ln City: Naples State/Province: FL Zip Code: 34114 (•) Yes ( ) No

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