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United States Department of Transportation

FMCSA
Federal Motor Carrier Safety Administration

NATIONAL REGISTRY OF CERTIFIED MEDICAL EXAMINERS

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National Registry Number: 4176946608

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Last Name:

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Dr. Mark Laflamme (Medical Doctor)
Shiloh Medical
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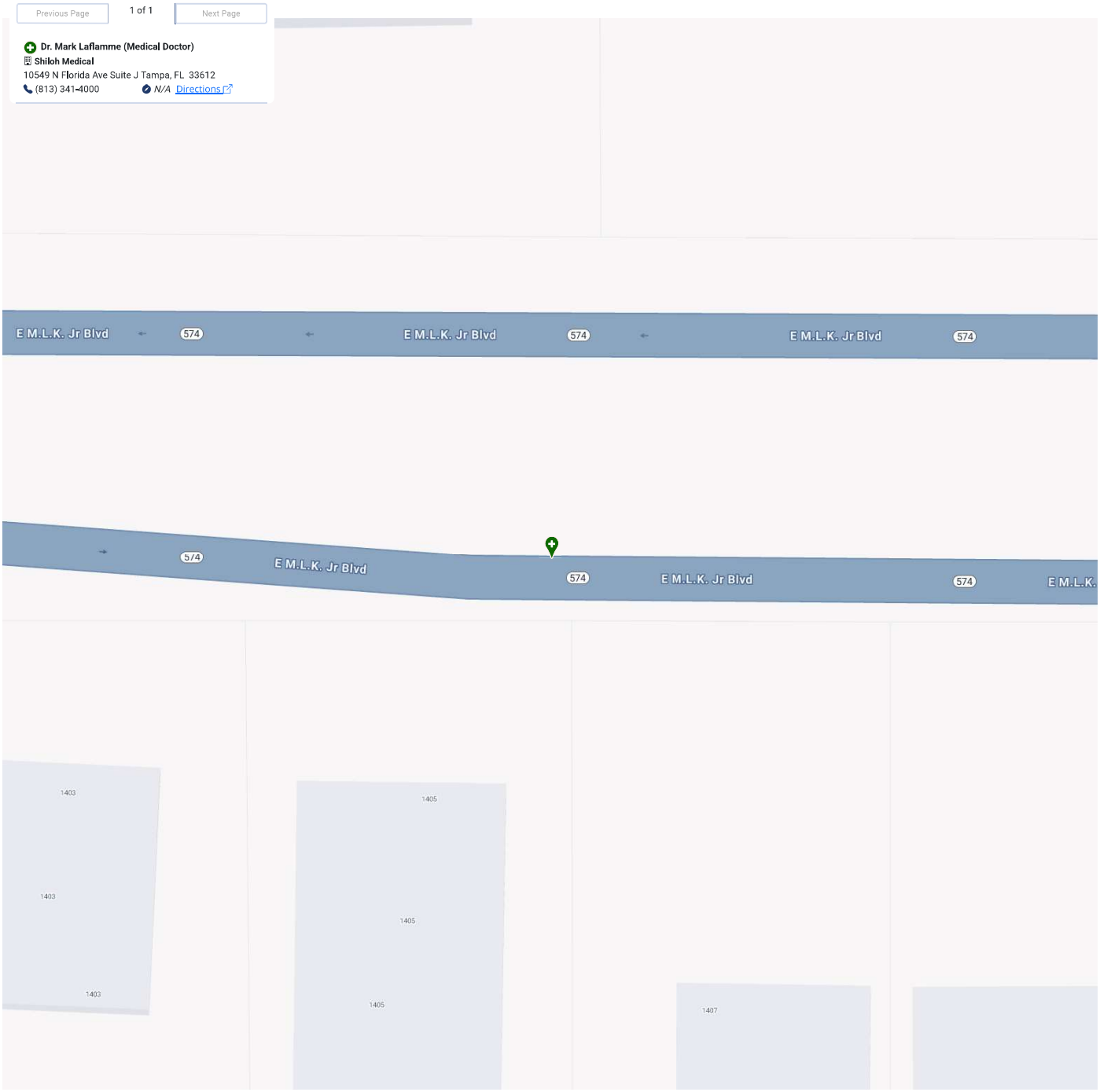
(813) 341-4000 N/A Directions



U.S. DEPARTMENT OF TRANSPORTATION

Federal Motor Carrier Safety Administration

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WASHINGTON, DC 20590

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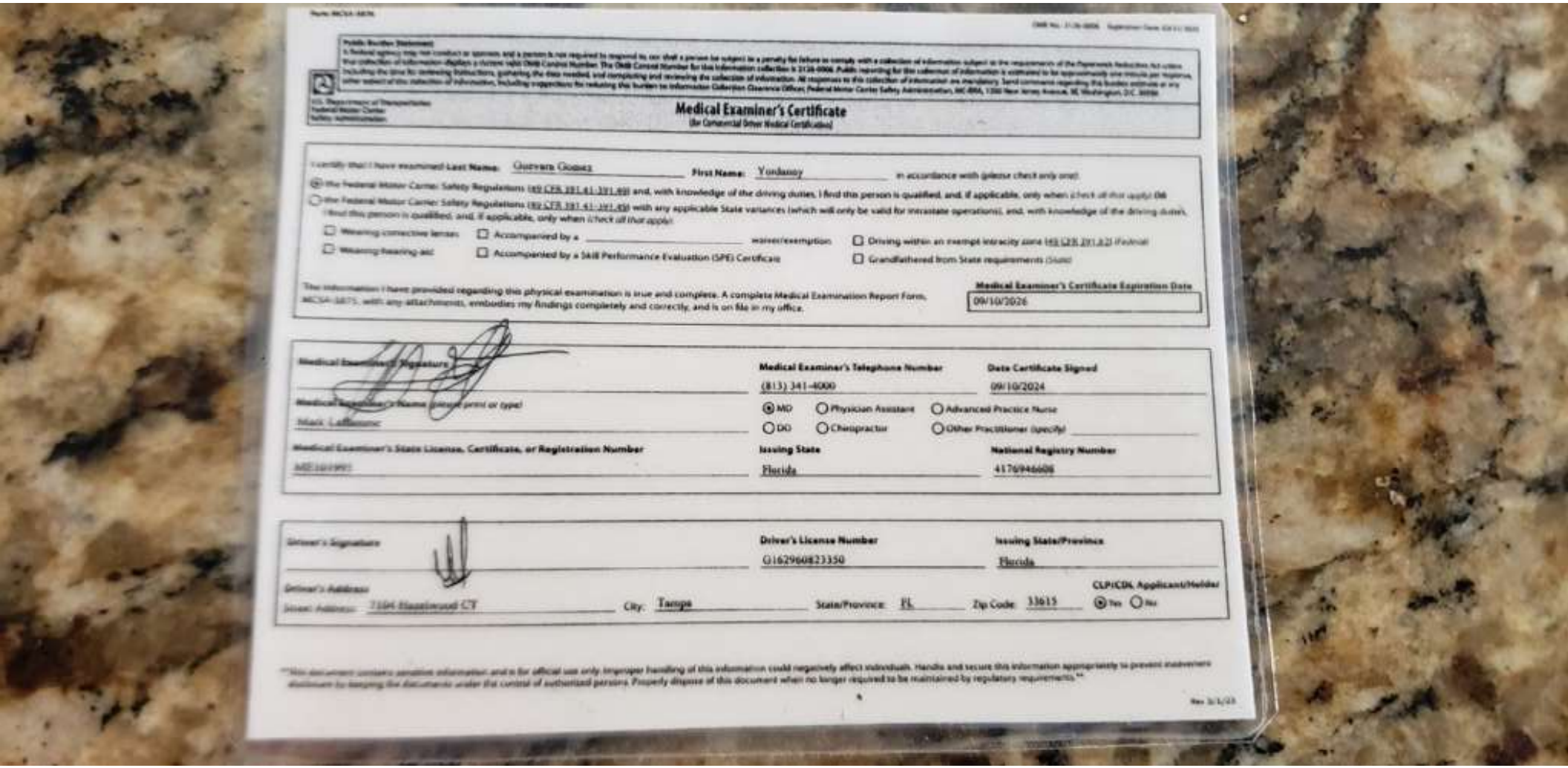

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U.S. Department of Transportation
Federal Motor Carrier Safety Administration

Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

I certify that I have examined Last Name: Guevara Gomez First Name: Yordanoy 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) DM

( ) 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)
- ☐ 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: 09/10/2026

Medical Examiner's Signature: [signature]

Medical Examiner's Telephone Number: (813) 341-4000

Date Certificate Signed: 09/10/2024

Medical Examiner's Name (please print or type): Mark Lallemand

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

Medical Examiner's State License, Certificate, or Registration Number: [redacted]

Issuing State: Florida

National Registry Number: 4176946606

Driver's Signature: [signature]

Driver's License Number: G162960823350

Issuing State/Province: Florida

Driver's Address

Street Address: 7104 Hazelwood CT City: Tampa State/Province: FL Zip Code: 33615

CLP/CDL Applicant/Holder: (●) Yes ( ) No

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Rev. 3/1/23