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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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City, State or Zipcode | 10 | Miles

National Registry Number: 2048595983

Business Name:

First Name:

Last Name:

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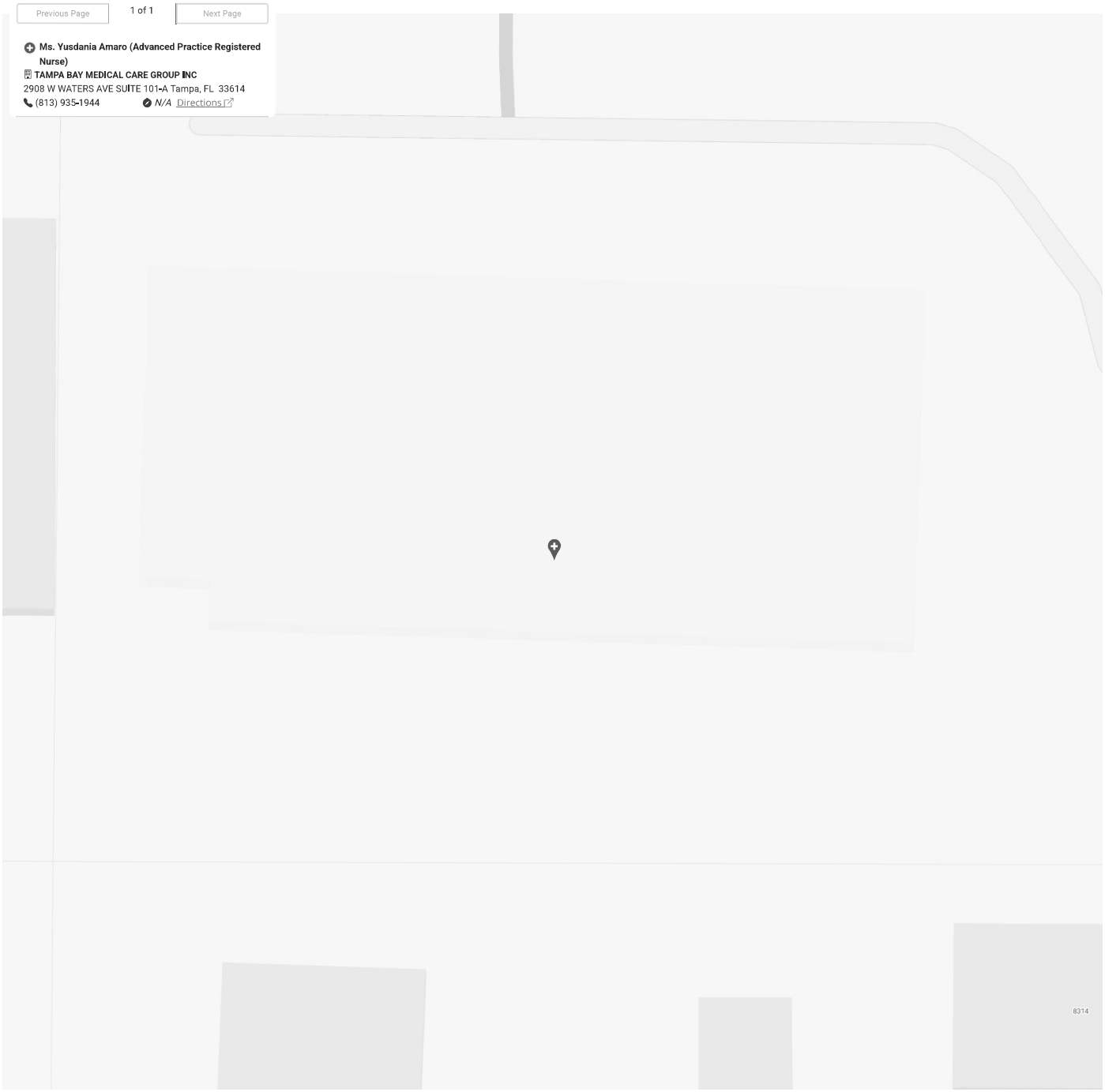
Ms. Yusdania Amaro (Advanced Practice Registered Nurse)
TAMPA BAY MEDICAL CARE GROUP INC
2908 W WATERS AVE SUITE 101-A Tampa, FL 33614
(813) 935-1944 *N/A* Directions



U.S. DEPARTMENT OF TRANSPORTATION

Federal Motor Carrier Safety Administration

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WASHINGTON, DC 20590

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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:** BOSCH **First Name:** JORGE 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
01/17/2026

Medical Examiner's Signature Yusdania B

Medical Examiner's Telephone Number 813-935-1944

Date Certificate Signed 01/18/2024

Medical Examiner's Name *(please print or type)*
YUSDANIA AMARO APRN FNP-BC

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

Medical Examiner's State License, Certificate, or Registration Number
APRN11027984

Issuing State
Florida

National Registry Number
2048595983

Driver's Signature

Driver's License Number
B200-432-83-085-0

Issuing State/Province
Florida

Driver's Address
Street Address: 3339 CLOVER BLOSSOM CIR City: LAND O LAKES State/Province: FL Zip Code: 34638

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

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