NATIONAL REGISTRY OF CERTIFIED MEDICAL EXAMINERS

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National Registry Number: 2087451571

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Last Name:

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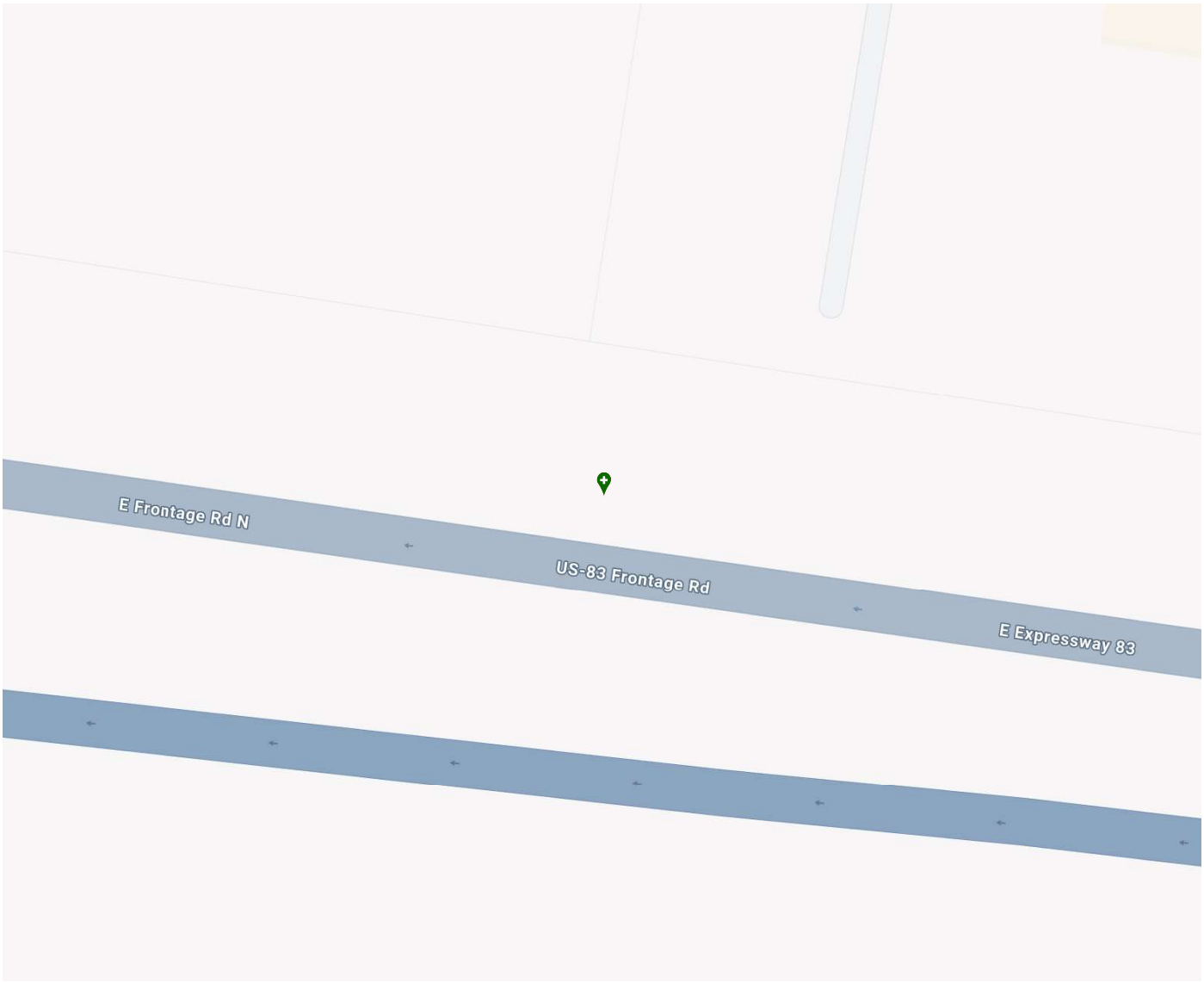
Mr. Rene Del Bosque II (Physician Assistant)
Valley Day & Night Clinic
305 E Expressway 83 Mission, TX 78572
(956) 585-7401 *N/A* Directions



U.S. DEPARTMENT OF TRANSPORTATION

Federal Motor Carrier Safety Administration

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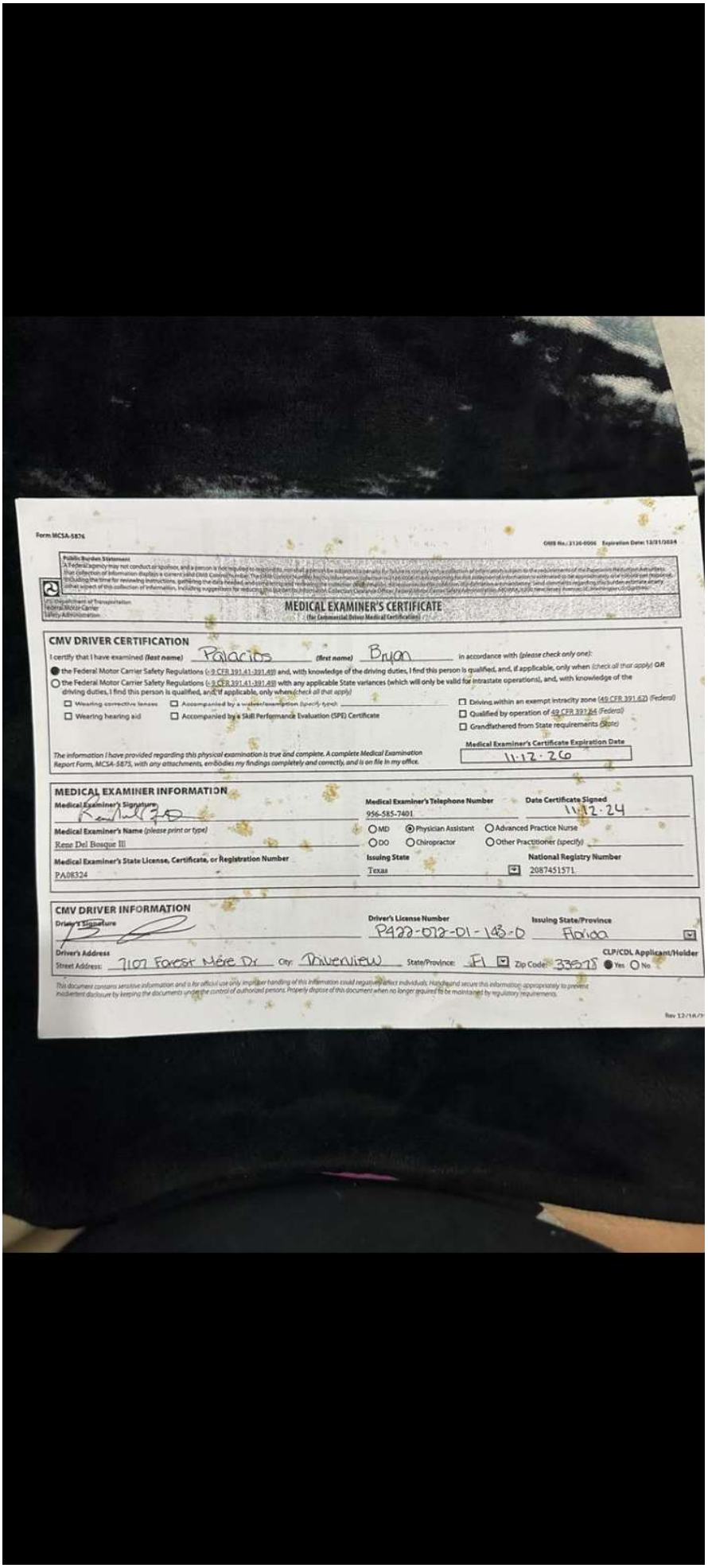

Form MCSA-5876

OMB No.: 2126-0006 Expiration Date: 10/31/2024

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U.S. Department of Transportation
Federal Motor Carrier
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MEDICAL EXAMINER'S CERTIFICATE
(for Commercial Driver Medical Certification)

CMV DRIVER CERTIFICATION

I certify that I have examined *(last name)* Palacios *(first name)* Bryan in accordance with *(please check only one)*:

● the Federal Motor Carrier Safety Regulations (§ 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 (§ 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 *(specify type)*: _____

☐ Wearing hearing aid ☐ 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
11·12·26

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature

Medical Examiner's Telephone Number
956-585-7401

Date Certificate Signed
11·12·24

Medical Examiner's Name *(please print or type)*
Rene Del Bosque III

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

Medical Examiner's State License, Certificate, or Registration Number
PA08324

Issuing State
Texas

National Registry Number
2087451571

CMV DRIVER INFORMATION

Driver's Signature

Driver's License Number
P422-072-01-143-0

Issuing State/Province
Florida

Driver's Address
Street Address: 7107 Forest Mere Dr City: Riverview State/Province: FL Zip Code: 33578

CLP/CDL Applicant/Holder
● Yes ○ No

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Rev 12/16/21