Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

CMV DRIVER CERTIFICATION

I certify that I have examined (last name) Echavarrie-Trujillo (first name) Jose in accordance with *(please check only*

◉ 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 bya waiver/exemption (specifytype): _____
- ☐ 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
09/07/2025

MEDICAL EXAMINER INFORMATIO

Medical Examiner's Signature

Medical Examiner's Telephone Number
(813)242-5641

Date Certificate Signed
09/07/2023

Medical Examiner's Name *(please print or type)*
Barnhard, Ashley

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

Medical Examiner's State License, Certificate, or Registration Number
pa9114273

Issuing State
FL

National Registry Number
7856709261

CMV DRIVER INFORMATION

Driver's Signature

Driver's License Number
E216423973650

Issuing State/Province
FL

Driver's Address
Street Address: 1149 Seminole Sky Dr City: Ruskin State/Province: FL Zip Code: 33570

CLP/CDL Applicant/Holder
◉ Yes ○ No

Mrs. Ashley Barnhard
(Physician Assistant)

Email | Website

Practice Business Name
Concentra St. Petersburg- 33rd St

Address
3745 33rd St. North St. Petersburg, FL 33713

Hours of Operation
-

National Registry Number
7856709261

Certification Date
09/20/2014

Distance
N/A

Business Phone
(727) 231-0154

Business Fax Number
-