

## Public Burden Statement

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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:** BLANCO VELAZCO **First Name:** CRUZ in accordance with (please check only one):

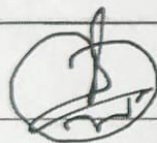
- ☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) **OR**
- ☐ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State 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 ☐ 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

03/09/2026

## Medical Examiner's Signature



## Medical Examiner's Name (please print or type)

Yordanis Rafael Fonseca Vega

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

1016853

## Medical Examiner's Telephone Number

(210) 634-7814

## Date Certificate Signed

03/09/2024

- ☐ MD ☐ Physician Assistant ☒ Advanced Practice Nurse
- ☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) \_\_\_\_\_

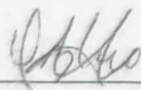
## Issuing State

Texas

## National Registry Number

3043814671

## Driver's Signature



## Driver's License Number

42909885

## Issuing State/Province

Texas

## Driver's Address

Street Address: 9501w Sam Houston PKWY S 701

City: HOUSTON

State/Province: TX

Zip Code: 77099

## CLP/CDL Applicant/Holder

☒ Yes ☐ No

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## Search Medical Examiners

  Miles

National Registry Number Business Name

First Name Last Name

 Basic Search  1 of 1 

**Yordanis Fonseca Vega (Advanced Practice Registered Nurse)**

**Nacogdoches Family Clinic, LLC**  
12521 Nacogdoches Rd Suite 101 San Antonio, TX 78217

(210) 634-7814 [N/A](#) [Directions](#)

