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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:** Islandia Garton **First Name:** Jose 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)

**Medical Examiner's Certificate Expiration Date**

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.

5/28/27

**Medical Examiner's Signature****Medical Examiner's Telephone Number**

561-263-7010

**Date Certificate Signed**

5/28/25

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

Jayla Ferrer

☐ MD ☒ Physician Assistant ☐ Advanced Practice Nurse

☐ DO ☐ Chiropractor

☐ Other Practitioner (specify) \_\_\_\_\_

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

PA9113905

**Issuing State**

FL

**National Registry Number**

4290117538

**Driver's Signature**

Jose Teodoro Islandia Garton

**Driver's License Number**

V61S40124700-0

**Issuing State/Province**

FL

**Driver's Address****CLP/CDL Applicant/Holder****Street Address:**

1600 S Estrella Court Palm Beach Gardens

**City:****State/Province:**

FL

**Zip Code:**

33410

☒ Yes ☐ No





Taylor Ferrer

(Physician Assistant)

Email

Website

Practice Business Name

Jupiter Medical Center Urgent Care

Address

3250 PGA Boulevard Palm Beach Gardens, FL 33410

Hours of Operation

-

National Registry Number

4290117538

Certification Date

09/13/2024

Distance

N/A

Business Phone

(561) 263-7010

Business Fax Number

-

Business Email

sofia.kohn@jupitermed.com