Medical Examiner's Certificate

I certify that I have examined Last Name: Hernandez First Name: Raquel In accordance with (please check only one):

- [x] the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find the person is qualified, and, if applicable, only when driving in accordance with the following:
- [ ] 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 driving in accordance with the following:

- [x] Wearing corrective lenses
- [ ] Wearing hearing aid
- [ ] Accompanied by a _____ waiver/exemption
- [ ] Accompanied by a Skill Performance Evaluation (SPE) Certificate
- [ ] Driving within an exempt intracity zone (49 CFR 397.67) For
- [ ] 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 Exp: 02/14/2027

Medical Examiner's Signature: [signature] Medical Examiner's Telephone Number: (972) 591-5931 Date Certificate Signed: 02/14/2025

Medical Examiner's Name (please print or type): Pedro Taveras

- [x] MD
- [ ] Physician Assistant
- [ ] Advanced Practice Nurse
- [ ] DO
- [ ] Chiropractor
- [ ] Other Practitioner (specify)

Medical Examiner's State License, Certificate, or Registration Number: F5113 Issuing State: TX National Registry Number: 8210337838

Driver's Signature: [signature] Driver's License Number: 42797651 Issuing State/Province: TX

CLP/CDL Applicant

- [x] Yes
- [ ] No

Driver's Address: Street Address: 416 Singapore rd City: Jacksonville State/Province: FL Zip Code: 32216

Dr. Pedro Taussig
(Medical Doctor)

Email | Website

Practice Business Name
DOT Medical and Drug Testing Services, Inc.

Address
3435 Roy Orr Blvd Suite 200 Grand Prairie, TX 75050

Hours of Operation
8 am - 5 pm

National Registry Number
8210337838

Certification Date
02/09/2015

Distance
N/A

Business Phone
(972) 591-5931

Business Fax Number
2142388091

Business Email
pedro@drtaussig.com

Business Website
www.texasdotservices.com