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:	Castro	First Name:	Jose	in accord:	e with (please check only one):
 the Federal Motor Carrier Safety Regulations (49 CFR 3) the Federal Motor Carrier Safety Regulations (49 CFR 3) person is qualified, and, if applicable, only when <i>Check</i> 	391.49) and, with knowledge of the driving duties, I find this person is qualified, and a second sec				applicable, only when (check all that apply) OR
□ Wearing corrective lenses □ Accompanied b □ Wearing hearing aid □ Accompanied b					an exempt intracity zone (<u>49 CFR 391.62</u>) <i>(Federal)</i> ed from State requirements <i>(State)</i>
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 refindings completely and correctly, and is on file in my office.					Medical Examiner's Certificate Expiration Date 01/29/2026
Marcal Exemplif's Stanature			Medical Examiner's Telephone N. (502)584-2257		Per Date Certificate Signed
Medical Examiner's Name (please print or type) Hobbs, Robert A			-	sician Assistant	Advanced Practice Nurse O Other Practitioner (specify)
Medical Examiner's State License, Certificate, of Rec. 3004876	tration Number	Number Issuing S			National Registry Number 5655203026
	1 a gl mark				
Piers Signature			Driver's License Number C22613672		Issuing State/Province
Street Address: 3700 Bells Ln	City: Louis	sville	State/P	Province: KY	CLP/CDL Applicant/Holder Zip Code: 40211 O Yes O No
This document contains sensitive information and is for calinadvertent disclosure by keeping the documents under the co	al use only. Improper h	andling of this informors. Properly dispo	mation could negatively se of this document wh	/ affect individual hen no longer rec ^{ore}	landle and secure this information appropriately to prevent d to be maintained by regulatory requirements.

