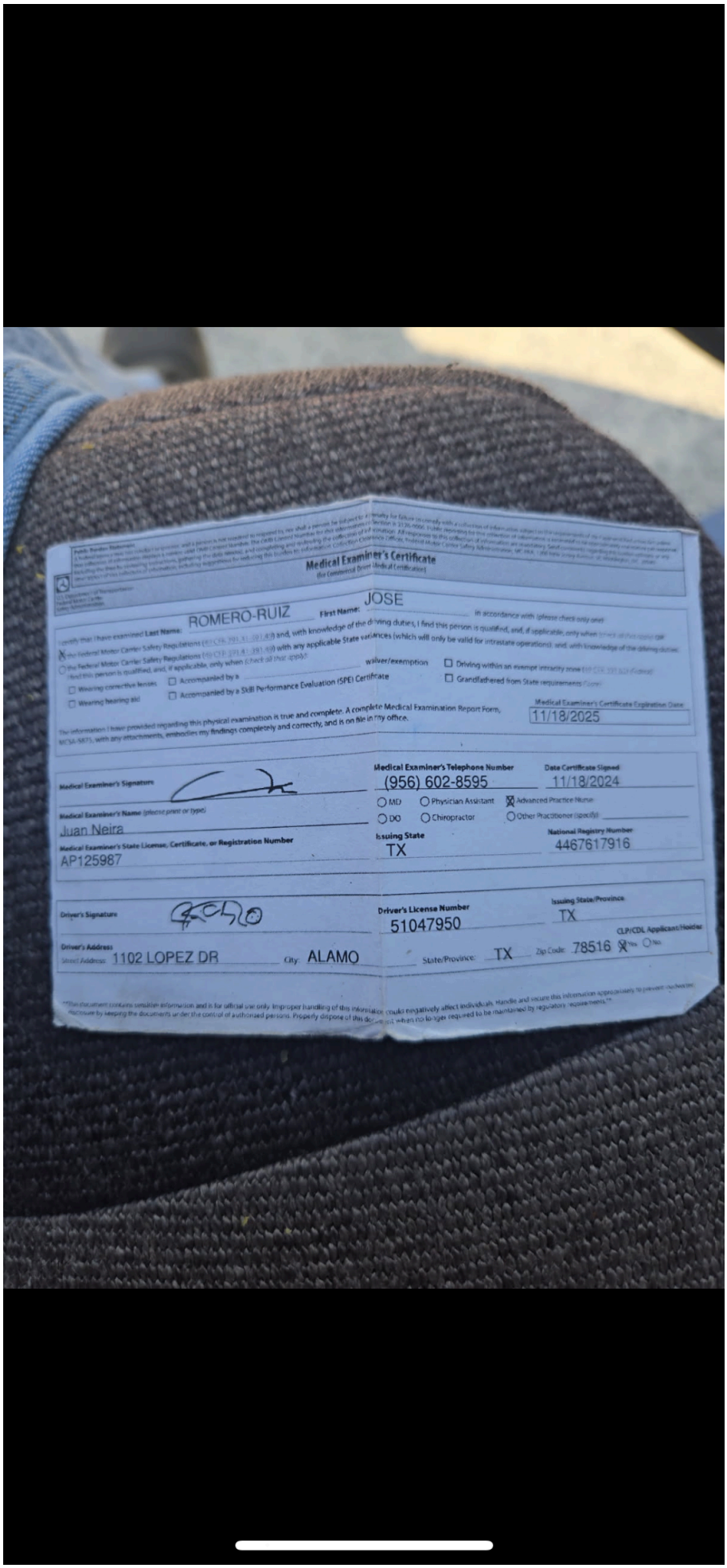

Medical Examiner's Certificate
(for Commercial Driver Medical Certification)

Last Name: ROMERO-RUIZ First Name: JOSE

I certify that I have examined ... and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when in accordance with (please check only one):

X the Federal Motor Carrier Safety Regulations ... and, with knowledge of the driving duties, 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

☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Grandfathered from State requirements (Form)

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: 11/18/2025

Medical Examiner's Signature

Medical Examiner's Telephone Number: (956) 602-8595

Date Certificate Signed: 11/18/2024

Medical Examiner's Name (please print or type): Juan Neira

○ MD ○ Physician Assistant ☒ Advanced Practice Nurse
○ DO ○ Chiropractor ○ Other Practitioner (specify)

Medical Examiner's State License, Certificate, or Registration Number: AP125987

Issuing State: TX

National Registry Number: 4467617916

Driver's Signature

Driver's License Number: 51047950

Issuing State/Province: TX

CLP/CDL Applicant/Holder ☒ Yes ○ No

Driver's Address
Street Address: 1102 LOPEZ DR City: ALAMO State/Province: TX Zip Code: 78516

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