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Medical Examiner's Certificate the particular correction Step Administration I certify that I have examined Last Name: Valdes I certify that I have examined Last Name: I correction of the particular of the
Whe 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
O 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
Accompanied by a Skill Performance Evaluation (SPE) Certificate Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
Wearing hearing aid Qualified by operation of <u>49 CFR 391.64</u> (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 Signature ABM And
Medical Examiner's Name (please print or Type) O MD O Physician Assistant O Advanced Practice Nurse
Medical Examiner's State License, Certificate, or Registration Number Issuing State
Driver's Signature
Driver's Address: 1102 SUU 9 & AVE City: 1101 CLP/CDL Applicant/Holder State/Province: Zip Code: 33165 City: 1101 Xes O No

👌 United States Depar	tment of Transportatio	n 🗹	
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Federal Motor Carrier Safety Administration

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