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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:** Valdes **First Name:** Fernando 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)*

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

07/09/2026

Medical Examiner's Signature

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

Hopkins, Claire M

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

085004909

Medical Examiner's Telephone Number

(708)430-2295

Date Certificate Signed

07/09/2024

- ☐ MD ☒ Physician Assistant ☐ Advanced Practice Nurse  
☐ DO ☐ Chiropractor ☐ Other Practitioner *(specify)* \_\_\_\_\_

Issuing State

IL

National Registry Number

2149894373

Driver's Signature

Driver's Address

Street Address: 4162 SW 98 Ave City: Miami State/Province: FL Zip Code: 33165 ☒ Yes ☐ No

Driver's License Number

V432240932190

Issuing State/Province

FL

CLP/CDL Applicant/Holder

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Ms. Claire Hopkins  
(Physician Assistant)



Email



Website

Practice Business Name  
concentra

Address  
55 S. Harlem Ave. Bridgeview, IL 60455

Hours of Operation

National Registry Number  
49894373

Certification Date  
05/27/2014

Business Phone  
(708) 430-2295

Business Fax Number

Business Email  
hopkins@visitphysicians.com

