

Medical Examiner's Certificate

Investigator has completed last Name: VEJALAO First Name: ASHLEY 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 used in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variations (which will only be valid for intrastate operations) and, if applicable, only when used in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variations (which will only be valid for intrastate operations) and, if applicable, only when used in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variations (which will only be valid for intrastate operations).  
☒ Wearing corrective lenses ☐ Accompanied by a \_\_\_\_\_ waiver/exemption ☐ Driving within an exempt or restricted zone (49 CFR 391.41-391.49)  
☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.41-391.49 ☐ Grandfathered from State requirements (49 CFR 391.41-391.49)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-980, with any attachments substantiates my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Number: 5/24/2023

Medical Examiner's Signature: [Signature]  
Medical Examiner's Name (please print clearly): SEBASTIAN KICO  
Medical Examiner's State License, Certificate, or Registration Number: ADN110001-2714

Medical Examiner's Telephone Number: 254-728-3105 Date Examined: 5/24/23  
☐ MD ☐ Physician Assistant ☐ Licensed Practical Nurse  
☐ DO ☐ Chiropractor ☐ Other Practitioner (specify):  
Issuing State: FL National Security Number: 163213112

Driver's License Number: FL  
Driver's Address: 2082 41st TER. SW City: NADIES State/Province: FL Zip Code: 34116

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**FMCSA**

Federal Motor Carrier Safety Administration



**Osmani Rico Valdes**

(Nurse Practitioner)



Email



Website



Direction

**Practice Business Name**

Hispanic Health Enterprises, LLC

**Address**

4990 Golden Gate pkwy naples, FL 34116

**Hours of Operation**

-

**National Registry Number**

1632187762

**Certification Date**

03/02/2021

**Distance**

N/A

**Business Phone**

(239) 265-0493

**Business Fax Number**

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**Business Email**

rico6878@gmail.com

50th St SW