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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: Hernandez Garcia First Name: Rene 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 ☐ Qualified by operation of 49 CFR 391.64 (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 Certificate Expiration Date

2/22/2025

Medical Examiner's Signature

Medical Examiner's Name (please print or type)

DOUGLAS CLEARWATER

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

CH8998

Medical Examiner's Telephone Number

813-302-7240

Date Certificate Signed

2/22/2025

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

Issuing State

FL

National Registry Number

7114392130

Driver's Signature

Driver's License Number

HU55-730 07-342-0

Issuing State/Province

FL

Driver's Address

Street Address:

3350 W Hillsborough

City:

Tampa

State/Province:

FL

Zip Code:

33614

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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 **Dr. Douglas Clearwater (Doctor Of Chiropractic)**
 **Injury Health Center**
2901 West Busch Blvd Suite 807 Tampa, FL 33618
 (813) 302-7246  N/A [Directions](#) 

