

Form MCSA-8876  
OMB No. 2120-0056 Expiration Date 12/31/2024

**Medical Examiner's Certificate**  
(For Commercial Driver Medical Certificates)

I certify that I have examined Last Name: Hernandez 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  
☐ I find this person is qualified, and, if applicable, only when (check all that apply):  
☐ Waiver/exemption ☐ Driving within an exempt intracity zone (49 CFR 391.62) (Federal)  
☐ Wearing corrective lenses ☐ Accompanied by a \_\_\_\_\_ ☐ Qualified by operation of 49 CFR 391.64 (Federal)  
☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Grandfathered from State requirements (State)

Medical Examiner's Certificate Expiration Date: 12/27/2024

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form MCSA-8875, with any attachments, embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Signature: [Signature] Medical Examiner's Telephone Number: 813 502 7246 Date Certificate Signed: 12/27/2023

Medical Examiner's Name (please print or type): Doreen S. Clearwater  
Issuing State: FL National Registry Number: 7114392130

Medical Examiner's State License, Certificate, or Registration Number: 5998

Driver's Signature: [Signature] Driver's License Number: H655736673420 Issuing State/Province: FL

Driver's Address: 3350 W. Hillsborough City: TAMPA State/Province: FL Zip Code: 33614 CLP/CDL Applicant/Holder: ☒ Yes ☐ No

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Rev 1/4/22



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