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U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Medical Examiner's Certificate (for Commercial Driver Medical Certification)

JORDANY GUEVARA GOMEZ

I certify that I have examined **Last Name:** _____ **First Name:** _____ 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)

Medical Examiner's Certificate Expiration Date

10-4-2024

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

Medical Examiner's Name (please print or type)

Medical Examiner's State License, Certificate or Registration Number

Medical Examiner's Telephone Number

Date Certificate Signed

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

Issuing State

National Registry Number

Driver's Signature

Driver's License Number

Issuing State/Province

Driver's Address

CLP/CDL Applicant/Holder

Street Address

City

State/Province

Zip Code

☒ Yes ☐ No

MARCELO RODRIGUEZ
PA 91071500
7865183452
10/4/22
FL
7501397087
616296082
3350 FL
2174 NW 18th St MIAMI
FL 33125

United States Department of Transportation

FMCSA

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OF CERTIFIED
MEDICAL EXAMINERS

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+

Mr. Marycel Rodriguez
(Physician Assistant)

Email

Website

Practice Business Name

Gardens Health Center

Address

11300 NW 87 CT Suite 149 Hialeah gardens, FL 33018

Hours of Operation

9-4

National Registry Number

7501397087

Certification Date

03/30/2014

Distance

N/A

Business Phone

(786) 518-3452

Business Fax Number

7865183453

Business Email

gardenshc@gmail.com

Google

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U.S. DEPARTMENT OF TRANSPORTATION

Federal Motor Carrier Safety Administration

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