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

### Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

13230710699128

**CMV DRIVER CERTIFICATION**

I certify that I have examined Last Name: CASTOR First Name: EDUARDO 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):

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Wearing corrective lenses | <input type="checkbox"/> Accompanied by a _____ waiver/exemption                         | <input type="checkbox"/> Driving within an exempt intracity zone (49 CFR 391.62) (Federal) |
| <input type="checkbox"/> Wearing hearing aid       | <input type="checkbox"/> Accompanied by a Skill Performance Evaluation (SPE) Certificate | <input type="checkbox"/> Qualified by operation of 49 CFR 391.64 (Federal)                 |
|  |  | <input type="checkbox"/> 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

7/10/2025**MEDICAL EXAMINER INFORMATION**

Medical Examiner's Signature

Medical Examiner's Telephone Number

Date Certificate Signed

Medical Examiner's Name (please print or type)

NANCY BEDNAREK(708) 546-05517/10/2023

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

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

277000935

Issuing State

IL

National Registry Number

5396823207**CMV DRIVER INFORMATION**

Driver's Signature

Driver's License Number

Issuing State/Province

C236-212-75-174-0FL

Driver's Address

CLP/CDL Applicant/Holder

Street Address: 3745 NE 171ST ST APT 54 City: NORTH MIAMI BEACH State/Province: FL Zip Code: 33160-30 ☒ Yes ☐ No

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# FMCSA

Federal Motor Carrier Safety Administration



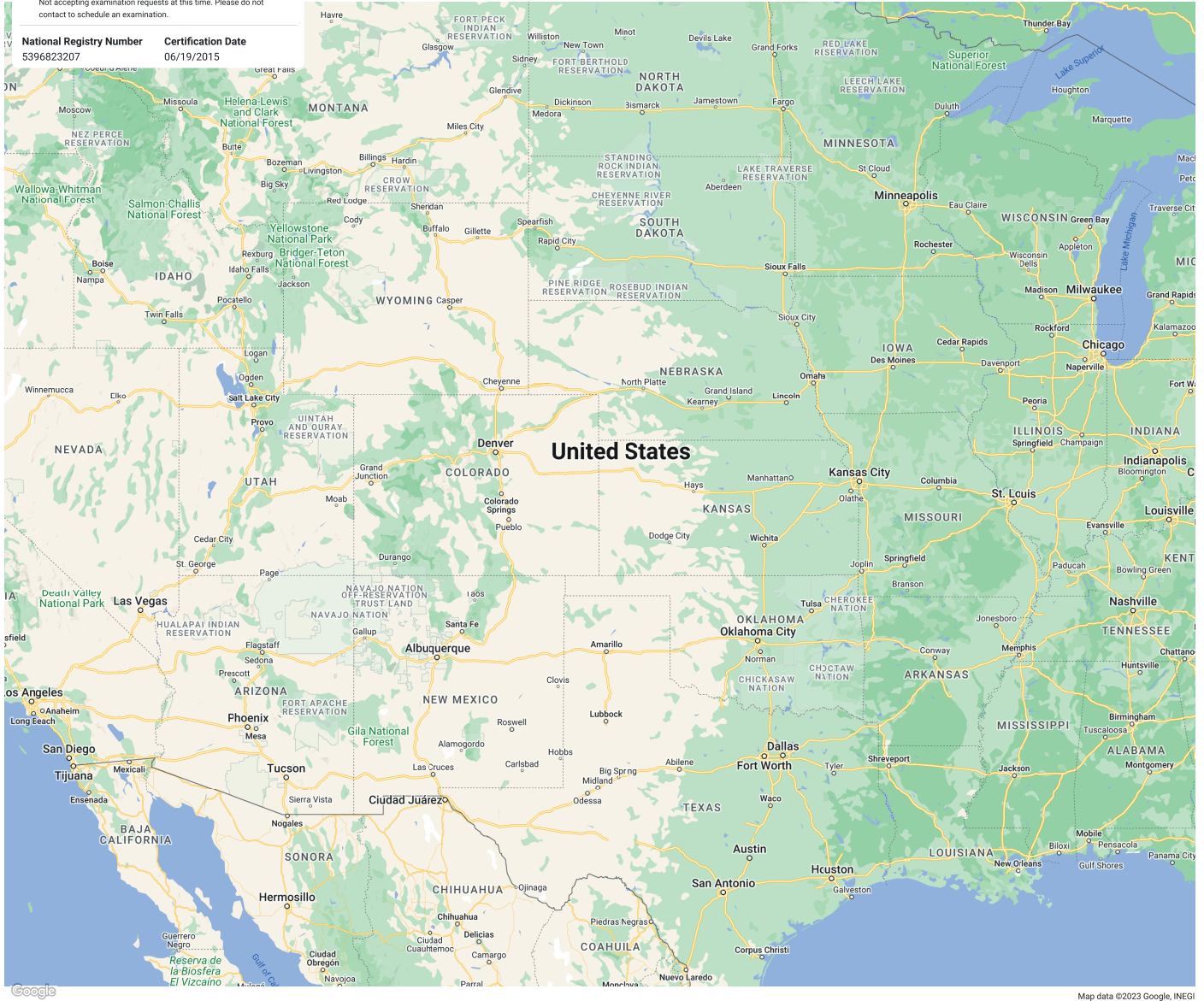
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 Ms. Nancy Bednarek  
(Nurse Practitioner)

Not accepting examination requests at this time. Please do not contact to schedule an examination.

**National Registry Number** 5396823207  
**Certification Date** 06/19/2015



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U.S. DEPARTMENT OF TRANSPORTATION

Federal Motor Carrier Safety Administration

1200 NEW JERSEY AVENUE, SE

WASHINGTON, DC 20590

1-800-832-5660

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