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

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

I certify that I have examined **Last Name:** Garcia Maceo **First Name:** Ander 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 driver/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 C.F.R. 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
03/28/2025

Medical Examiner's Signature [Signature] Medical Examiner's Telephone Number (210) 275-4600 Date Certificate Signed 03/28/2023

Medical Examiner's Name (please print or type) James Bonson

Medical Examiner's State License, Certificate, or Registration Number PA 04482

☐ MD ☒ Physician Assistant ☐ Advanced Practice Nurse

☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____

Issuing State TX National Registry Number 3531062696

Driver's Signature [Signature] Driver's License Number 42412366 Issuing State/Province TX

Driver's Address 10631 Nacogdoches rd apt 604 City: San Antonio State/Province: TX Zip Code: 78217

CLP/CDL Applicant/Holder ☒ Yes ☐ No

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Mr. James Bonson Jr.

(Physician Assistant)

Email

Website

Practice Business Name

5-Star Integrity Healthcare

Address

1300 West Avenue #201 San Antonio, TX 78201

Hours of Operation

-

National Registry Number

3531062696

Certification Date

06/25/2019

Distance

N/A

Business Phone

(210) 846-0988

Business Fax Number

-

Business Email

pttygmz100@gmail.com

U.S. DEPARTMENT OF TRANSPORTATION
Federal Motor Carrier Safety Administration

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