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:** RUIZ **First Name:** ERNESTO in accordance with *(please check only one)*:

- [x] 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)*:

- [x] Wearing corrective lenses
- [ ] Wearing hearing aid
- [ ] Accompanied by a _____ waiver/exemption
- [ ] Accompanied by a Skill Performance Evaluation (SPE) Certificate
- [ ] Driving within an exempt intracity zone (49 CFR 391.62) *(Federal)*
- [ ] 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 *
02/22/2025

Medical Examiner's Signature [signature]

Medical Examiner's Telephone Number
(305) 597-8707

Date Certificate Signed
02/22/2023

Medical Examiner's Name *(please print or type)*
Rosa Garcia Amaya

- [ ] MD
- [ ] Physician Assistant
- [x] Advanced Practice Nurse
- [ ] DO
- [ ] Chiropractor
- [ ] Other Practitioner *(specify)* _____

Medical Examiner's State License, Certificate, or Registration Number
APRN11004448

Issuing State
FL

National Registry Number
7856543813

Driver's Signature [signature]

Driver's License Number
R200210681220

Issuing State/Province
FL

Driver's Address
Street Address: 221 GRAND CANAL DR City: MIAMI State/Province: FL Zip Code: 33144

CLP/CDL Applicant/Holder
- [x] Yes
- [ ] No

United States Department of Transportation

FMCSA
Federal Motor Carrier Safety Administration

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