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:** Cruz **First Name:** Omar 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 ☐ 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: 1·4·2024

Medical Examiner's Signature: [signature]

Medical Examiner's Telephone Number: 305·773·7009

Date Certificate Signed: 1·5·2023

Medical Examiner's Name *(please print or type)*: Monica Buie

○ MD ○ Physician Assistant ☑ Advanced Practice Nurse
○ DO ○ Chiropractor ○ Other Practitioner *(specify)* _____

Medical Examiner's State License, Certificate, or Registration Number: 9320175

Issuing State: FL

National Registry Number: 8165886919

Driver's Signature: [signature]

Driver's License Number: C200-440-66-187-0

Issuing State/Province: FL

Driver's Address
Street Address: 11605 Painted Mills LN City: Tampa State/Province: FL Zip Code: 33624

CLP/CDL Applicant/Holder ☑ Yes ○ No

Ms. Monica Buie
(Advanced Practice Registered Nurse)

Email Website

Practice Business Name
Monica Buie

Address
1101 durant rd Brandon, FL 33511

Hours of Operation
-

National Registry Number
8165886919

Certification Date
11/02/2017

Distance
N/A

Business Phone
(305) 773-7009

Business Fax Number
-

Business Email
monbuie031@gmail.com