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: LEYVA PEREZ First Name: ALFREDO 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 duti
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)

Medical Examiner's Certificate Expiration Date: 11/07/2024

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: [signature]

Medical Examiner's Telephone Number: 786-542-6782

Date Certificate Signed: 11/07/2022

Medical Examiner's Name (please print or type): Jorge Luis Russinyol

( ) MD ( ) Physician Assistant (•) Advanced Practice Nurse
( ) DO ( ) Chiropractor ( ) Other Practitioner (specify)

Medical Examiner's State License, Certificate, or Registration Number: ARNP 9323928

Issuing State: FLORIDA

National Registry Number: 7159804812

Driver's Signature: [signature]

Driver's License Number: L116000800281

Issuing State/Province: FL

CLP/CDL Applicant/Hold

Driver's Address
Street Address: 9011 SW 57 TH TER City: MIAMI State/Province: FL Zip Code: 33173 (•) Yes ( ) No

FMCSA
Federal Motor Carrier Safety Administration

←

Mr. Jorge Russinyol
(Nurse Practitioner)

Email Website

Practice Business Name
M&J SERVICES CORP LLC

Address
1570 WEST 43 PLACE SUITE #29 Hialeah, FL 33012-00000

Hours of Operation
call for operation hours

National Registry Number
7159804812

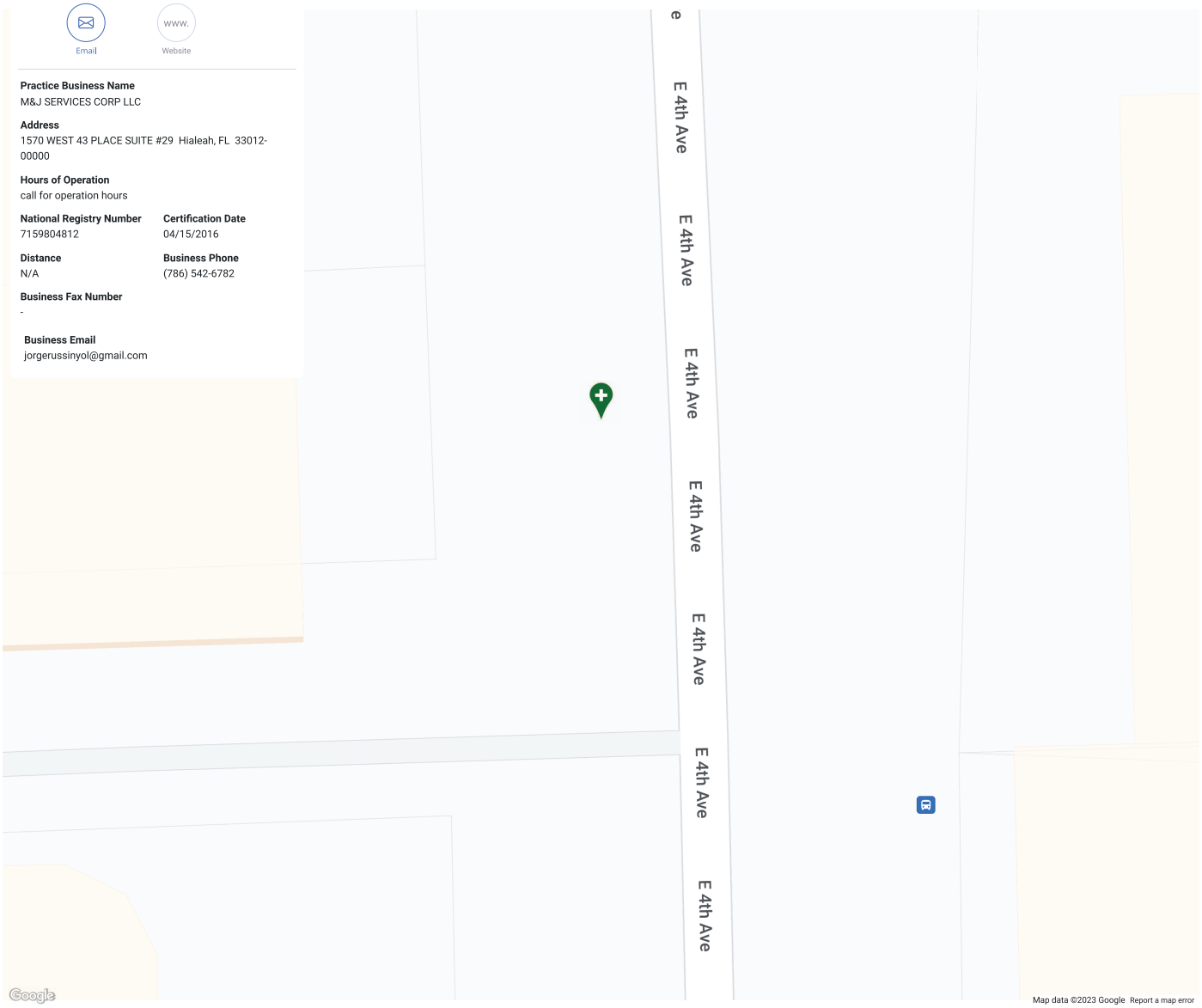
Certification Date
04/15/2016

Distance
N/A

Business Phone
(786) 542-6782

Business Fax Number
-

Business Email
jorgerussinyol@gmail.com



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