Form MCSA-5876		UMB NO. 2120-0000 Expiration Date: 03/31/2025
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Medical Examination Medical Examination (Incompared Incompared Inc	Medical Examiner's CertiBicate Incommutation and failusing	
CMV DRIVER CERTIFICATION		
I certify that I have examined (sustained) Fellcano Rivera (sustained)	Willner in accordance in accor	in accordance with (please check only one): .hen (check all that apply) OR
O the Federal Manor Carrier Safety Regulations (15:577:12):41:531:631 with any applicable State valuers (which will only be valid for ministrate operations), and, with knowledge of the driving duites. [Ind this person is qualited, and, if applicable only when (there are the only when (there are	ity be valid for intrastate operations), and, with knowledge of th	e driving duties, I find this person is qualified, and, if applicabl
Wearing corrective lenses Accompanied bya waiver/exemption (specifytype): Wearing hearing aid Accompanied by a Skill Performance Evaluation (SPE) Certificate		Driving within an exempt intractivy zone (<u>42,CEE 331,0,4</u>) (Federal) Qualified by operation of <u>49,CEE 331,6,4</u> (Federal) Grandfathered from State requirements (State)
The information These provided regarding this physical examination is ruse and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my indianos completely and concerly and is on file in my office.	e Medical Examination Report Form, MCSA-5875,	Medical Examiner's Certificate Expiration Date 08/08/2024
MEDICAL EXAMINER INFORMATIO		
Medicar Examiner's Signature	(813)752-1195	Date Ceruncale Signed 08/08/2022
Redeal Explored SName (please print or type)	O MD	O Advanced Practice Nurse
Collins, Kenneth	O Chiropractor	O Other Practitioner (specify)
PK 9104475	FL FL	SS04346837
CMV DRIVER INFORMATION		
Ditvor's Signature	Driver's License Number F425880920690	Issuing State/Province
three's Address		CLP/CDL Applicant/Holder
Street Address: 17 laguna pointe way City: Kissimmee		71-5-1- 24743

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Hr. Kenneth Collins



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