U.S. Department of Transportation Federal Motor Carder Safety Administration	Medical Examiner's Certificate (for Commercial Driver Medical Certification)
I certify that I have examined Last Name:	OIL Practicame Dertrand in accordance with (please effect only
Arbe Federal Motor Carrier Safety Regulations (1)	and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check oil that opply) O
the Federal Motor Carrier Safety Regulations () thind this person is qualified, and, if applicable, only when () with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving of the chiving
☐ Wearing corrective lenses ☐ Accompanied by a _	waver/exampsion Driving within an exempt intractly zone (42.5% 2004) (Federal)
☐ Wearing hearing aid ☐ Accompanied by a Sk	till Performance Evaluation (SPE) Cerdificate Qualified by operation of (Federal)
	☐ Grandfathered from State requirements (State)
	Medical Examiner's Certificate Expiration Da
The information I have provided regarding this physical exam MCSA-5875, with any attachments, embodies my findings con	ination is true and complete. A complete Medical Examination Report Form, 61-02-24 Inpletely and correctly, and is on file in my office.
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Medical Examiner's Signature	Medical Exercises's Tol-phone Number Date Certificate Signed 713-213-7803 01.02.23
Medical Examiner's Signature Medical Examiner's Name (please print or type)	(A)
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Medical Examiner's Name (please print or type) DR. JENNY T. LE	713-213-7803
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Medical Examiner's Name (please print or type) DR. JENNY T. LE Medical Examiner's State Ucarrae, Certificate, or Registrati DC09174TX Driver's Signature	713-213-7803 O1.02.23 OMO OPhysician Assistant OAdvanced Practice Nurse ODO SChiropractor OOther Practitioner (specify) Issuing State TX Driver's License Number 188673 Issuing State/Province
Medical Examiner's Name (please print or type) DR. JENNY T. LE Medical Examiner's State Ucarrae, Certificate, or Registrati DC09174TX Driver's Signature	713-213-7803 O1.02.23 OND OPhysician Assistant OAdvanced Practice Nurse ODO Statiopractor Oother Practitioner (specify) Issuing State TX Driver's License Number Issuing State/Province

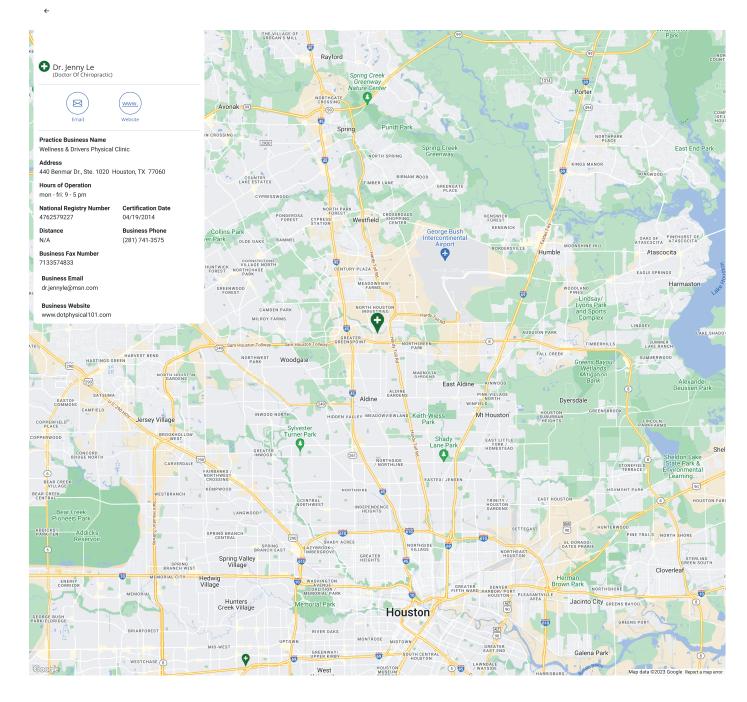


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