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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:** Reyes

**First Name:** Juan

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 ☐ Accompanied by a \_\_\_\_\_ waiver/exemption ☐ Driving within an exempt intracity zone (49 CFR 391.62) (Federal)  
☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ 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

8/14/2025

Medical Examiner's Signature

Carlos M. Ramirez M.D.

Medical Examiner's Name (please print or type)

Carlos M Ramirez

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

G7869

Medical Examiner's Telephone Number

(915) 594-7787

Date Certificate Signed

8/14/2023

- ☒ MD ☐ Physician Assistant ☐ Advanced Practice Nurse  
☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) \_\_\_\_\_

Issuing State

TX

National Registry Number

2404600823

Driver's Signature

[Signature]

Driver's License Number

13088959

Issuing State/Province

TX

Driver's Address

Street Address: 1551 North Stanton St City: El Paso

State/Province: TX Zip Code: 79902

CLP/CDL Applicant/Holder

☒ Yes ☐ No



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 **Dr. Carlos Ramirez (Medical Doctor)**

 **RE Medical Associates**

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 (915) 594-7787

 N/A [Directions](#)

