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U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Medical Examiner's Certificate
(for Commercial Driver Medical Certificate)

I certify that I have examined Last Name: GONZALEZ RODRIGUEZ First Name: WILFREDO 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
12/21/2023

Medical Examiner's Signature <u>Dwayne Wilson</u>	Medical Examiner's Telephone Number (305) 888-6959	Date Certificate Signed 12/21/2021
Medical Examiner's Name (please print or type) Dwayne Wilson	<input checked="" type="radio"/> MD <input type="radio"/> Physician Assistant <input type="radio"/> Advanced Practice Nurse <input type="radio"/> DO <input type="radio"/> Chiropractor <input type="radio"/> Other Practitioner (specify) _____	
Medical Examiner's State License, Certificate, or Registration Number ME121189	Issuing State FL	National Registry Number 5781970727

Driver's Signature <u>[Signature]</u>	Driver's License Number G524-880-86-012-0	Issuing State/Province FL
Driver's Address Street Address: 10862 SW 243 RD LN City: HOMESTEAD State/Province: FL Zip Code: 33032	CLP/CDL Applicant/Holder <input checked="" type="radio"/> Yes <input type="radio"/> No	



Search Medical Examiners

City, State or Zipcode 10 Miles

National Registry Number Business Name

First Name Last Name

Basic Search

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Dr. Dwayne Wilson (Medical Doctor)
Cano Occupational Medicine
7911 NW 72nd Avenue Suite 111 Medley, FL 33166
(305) 888-6959 [N/A](#) [Directions](#)

