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FMCSA
Federal Motor Carrier Safety Administration

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Working Well
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(219) 879-5400 N/A Directions

Mrs. Tracy Tucker (Nurse Practitioner)
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(219) 836-4690 N/A Directions

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(219) 662-5500 N/A Directions

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(219) 787-8662 N/A Directions

Mrs. Tracy Tucker (Nurse Practitioner)
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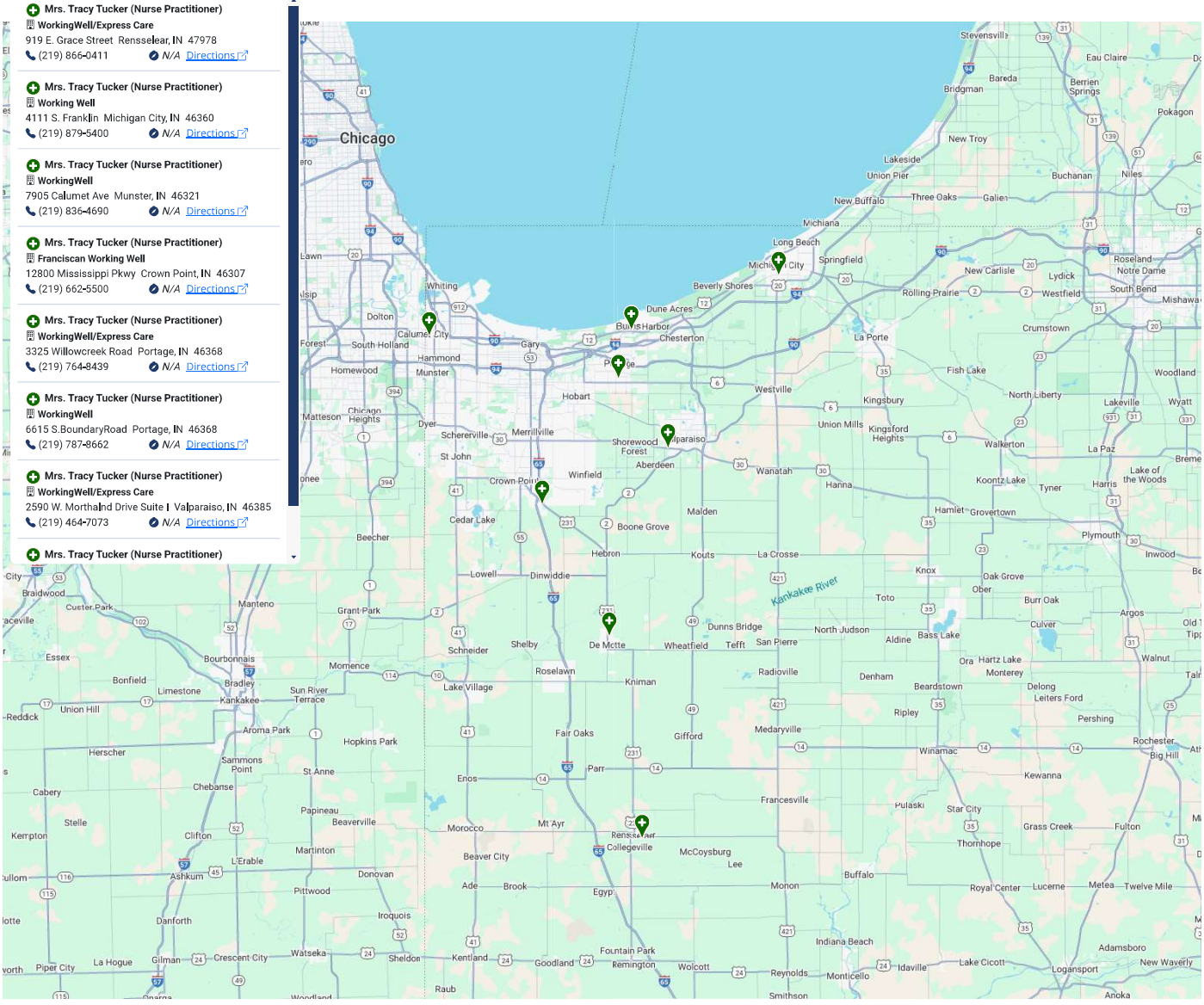
Mrs. Tracy Tucker (Nurse Practitioner)



U.S. DEPARTMENT OF TRANSPORTATION

Federal Motor Carrier Safety Administration

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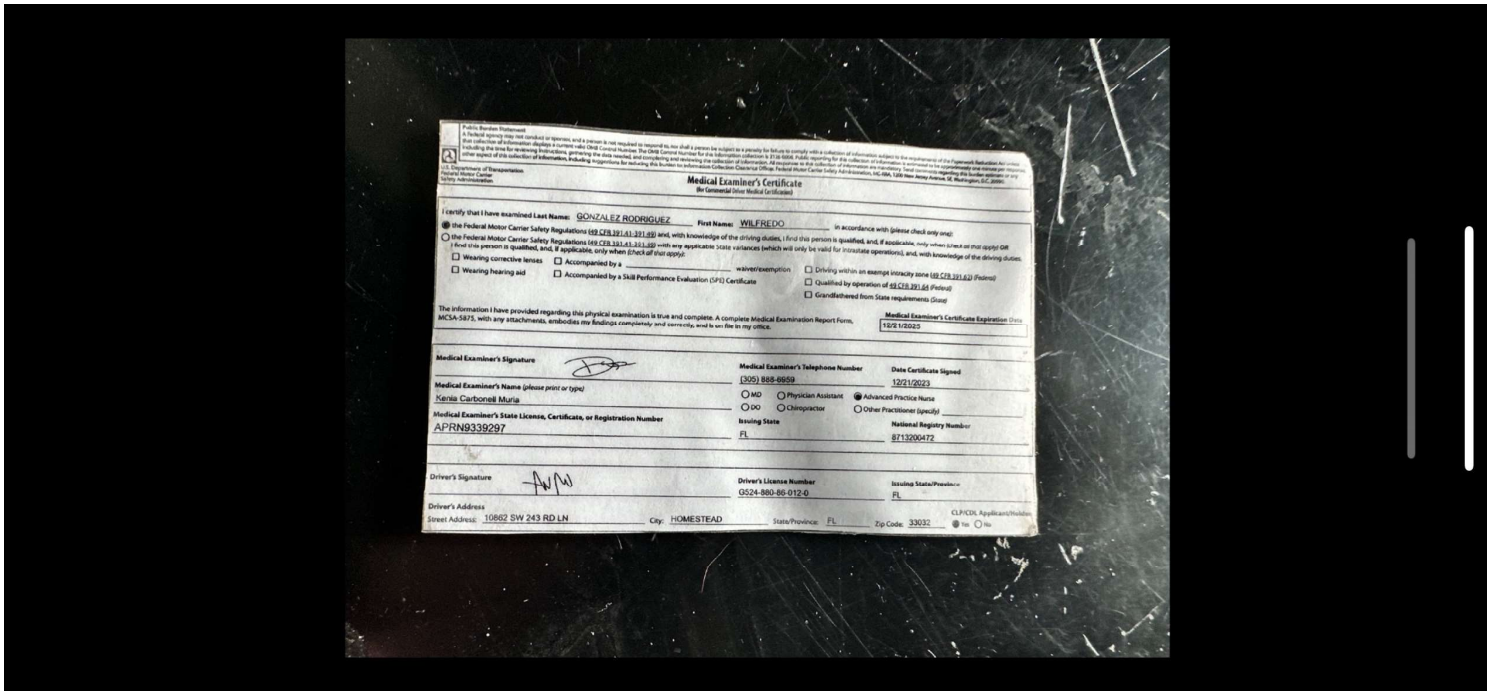

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U.S. Department of Transportation
Federal Motor Carrier Safety Administration

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

I certify that I have examined Last Name: 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
- [ ] 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)

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: 12/01/2025

Medical Examiner's Signature

Medical Examiner's Telephone Number: (305) 888-6959

Date Certificate Signed: 12/21/2023

Medical Examiner's Name (please print or type): Kenia Carbonell Muria

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

Medical Examiner's State License, Certificate, or Registration Number: APRN9339297

Issuing State: FL

National Registry Number: 8713200472

Driver's Signature

Driver's License Number: 0524-880-86-012-0

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: (●) Yes ( ) No