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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: Cruz Vazquez First Name: Wilson 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 391.51) (Federal)
☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ 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

03/05/2025

Medical Examiner's Signature

Medical Examiner's Telephone Number

Date Certificate Signed

Medical Examiner's Name (please print or type)

(713)674-1114

03/05/2024

Belena-Bruce, Rosa A

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

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

Issuing State

National Registry Number

M1019

TX

5193984672

Driver's Signature

Driver's License Number

Issuing State/Province

Driver's Address

40625868

TX

CLP/CDL Applicant/Holder

Street Address: 22886 woodlands dr

City: Porter

State/Province: TX

Zip Code: 77365

☒ Yes ☐ No

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FMCSA

Federal Motor Carrier Safety Administration



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5193984672

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Dr. Rosa Belena-Bruce (Medical Doctor)

Concentra

8799 North Loop east, suite 110 Houston, TX 77029

(713) 674-1114

[N/A](#) [Directions](#)

