



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

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Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

I certify that I have examined Last Name: Hernandez JuarezFirst Name: Edwin

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

08-05-2024

Medical Examiner's Signature

[Signature]

Medical Examiner's Telephone Number

805.773.7009

Date Certificate Signed

08-06-2022

Medical Examiner's Name (please print or type)

Monica Bue

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

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

9320175

Issuing State

FL

National Registry Number

8165886919

Driver's Signature

[Signature]

Driver's License Number

H655.219.88.191.0

Issuing State/Province

FL

Driver's Address

11711 East Bay Rd Lot #40City: GibsontonState/Province: FLZip Code: 33534CLP/CDL Applicant/Holder
Yes ☒ No ☐

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 **Ms. Monica Buie**
(Advanced Practice Registered Nurse)



Email



Website

Practice Business Name

Monica Buie

Address

1101 durant rd Brandon, FL 33511

Hours of Operation

-

National Registry Number

8165886919

Certification Date

11/02/2017

Distance

N/A

Business Phone

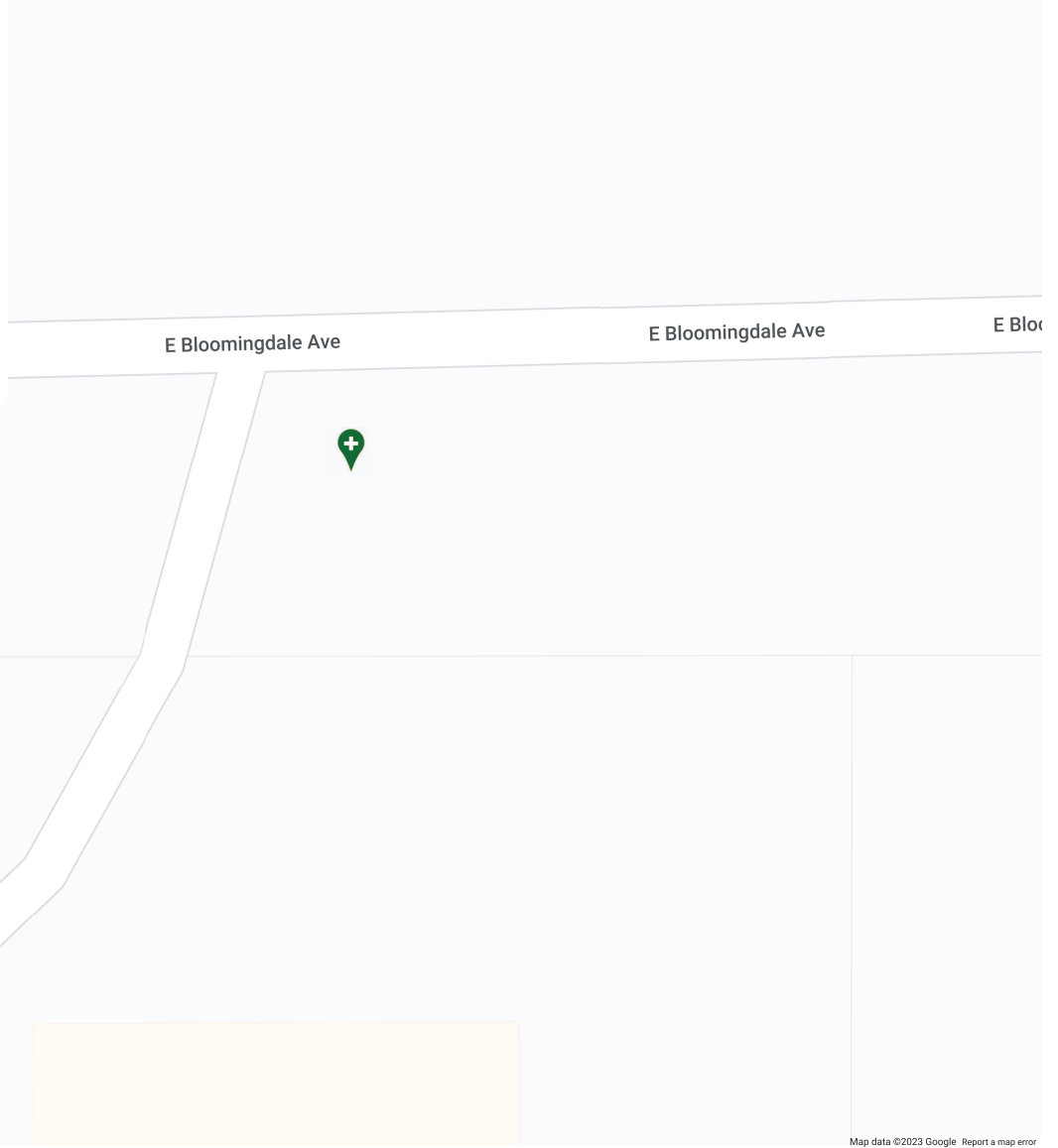
(305) 773-7009

Business Fax Number

-

Business Email

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U.S. DEPARTMENT OF TRANSPORTATION

Federal Motor Carrier Safety Administration

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