 U.S. Department of Transportation Federal Motor Carrier Safety Administration	<p>Medical Examiner's Certificate (For Commercial Driver Medical Certification)</p>
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I certify that I have examined **Last Name:** Barreto Ramos **First Name:** William 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.

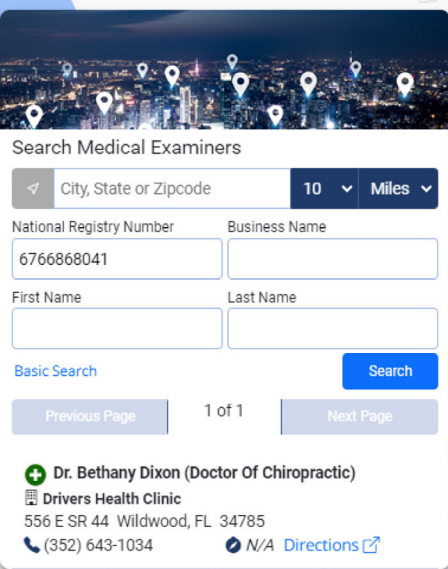
Medical Examiner's Certificate Expiration Date

6/2/2025

<p>Medical Examiner's Signature <u>Dr. Bethany J Dixon</u></p> <p>Medical Examiner's Name (please print or type) <u>Bethany J Dixon</u></p> <p>Medical Examiner's State License, Certificate, or Registration Number <u>CH11281</u></p>	<p>Medical Examiner's Telephone Number <u>(352) 643-1034 x 4</u></p> <p>Date Certificate Signed <u>6/2/2023</u></p> <p><input type="radio"/> MD <input type="radio"/> Physician Assistant <input type="radio"/> Advanced Practice Nurse</p> <p><input type="radio"/> DO <input checked="" type="radio"/> Chiropractor <input type="radio"/> Other Practitioner (specify) _____</p> <p>Issuing State <u>FL</u></p> <p>National Registry Number <u>6766868041</u></p>
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<p>Driver's Signature <u>William Barreto</u></p> <p>Driver's Address Street Address: <u>1658 W J Williams Lane</u> City: <u>Dunnellon</u> State/Province: <u>FL</u> Zip Code: <u>34434</u></p>	<p>Driver's License Number <u>B636920800930</u></p> <p>Issuing State/Province <u>FL</u></p> <p>CLP/CDL Applicant/Holder <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
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Dr. Bethany Dixon (Doctor Of Chiropractic)

Drivers Health Clinic

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