

Public Burden Statement

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to be approximately 1 minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.



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:** Rodriguez Cabrera **First Name:** Eddy 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):

- | | | |
|--|--|--|
| <input type="checkbox"/> Wearing corrective lenses | <input type="checkbox"/> Accompanied by a _____ waiver/exemption | <input type="checkbox"/> Driving within an exempt intracity zone (49 CFR 391.62) (Federal) |
| <input type="checkbox"/> Wearing hearing aid | <input type="checkbox"/> Accompanied by a Skill Performance Evaluation (SPE) Certificate | <input type="checkbox"/> Qualified by operation of 49 CFR 391.64 (Federal) |
| | | <input type="checkbox"/> 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

07/12/2024

Medical Examiner's Signature

Medical Examiner's Telephone Number

352-888-4449

Date Certificate Signed

07/12/2022

Medical Examiner's Name (please print or type)

Cody Womack APRN

- | | | |
|--------------------------|---|--|
| <input type="radio"/> MD | <input type="radio"/> Physician Assistant | <input checked="" 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

APRN11003963

Issuing State

Florida

National Registry Number

8169271851

Driver's Signature

Driver's License Number

R362-200-69-301-0

Issuing State/Province

FL

Driver's Address

Street Address: 160ne 219 ave

City: Old town

State/Province: FL

Zip Code: 32680

CLP/CDL Applicant/Holder

☒ Yes ☐ No

This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.



 **Cody Womack**
(Advanced Practice Registered Nurse)



Email



Website

Practice Business Name

Onestop Medical and Urgent Care

Address

15652 NW US Hwy 441 Alachua, FL 32615

Hours of Operation

-

National Registry Number

8169271851

Certification Date

10/10/2019

Distance

N/A

Business Phone

(386) 418-4060

Business Fax Number

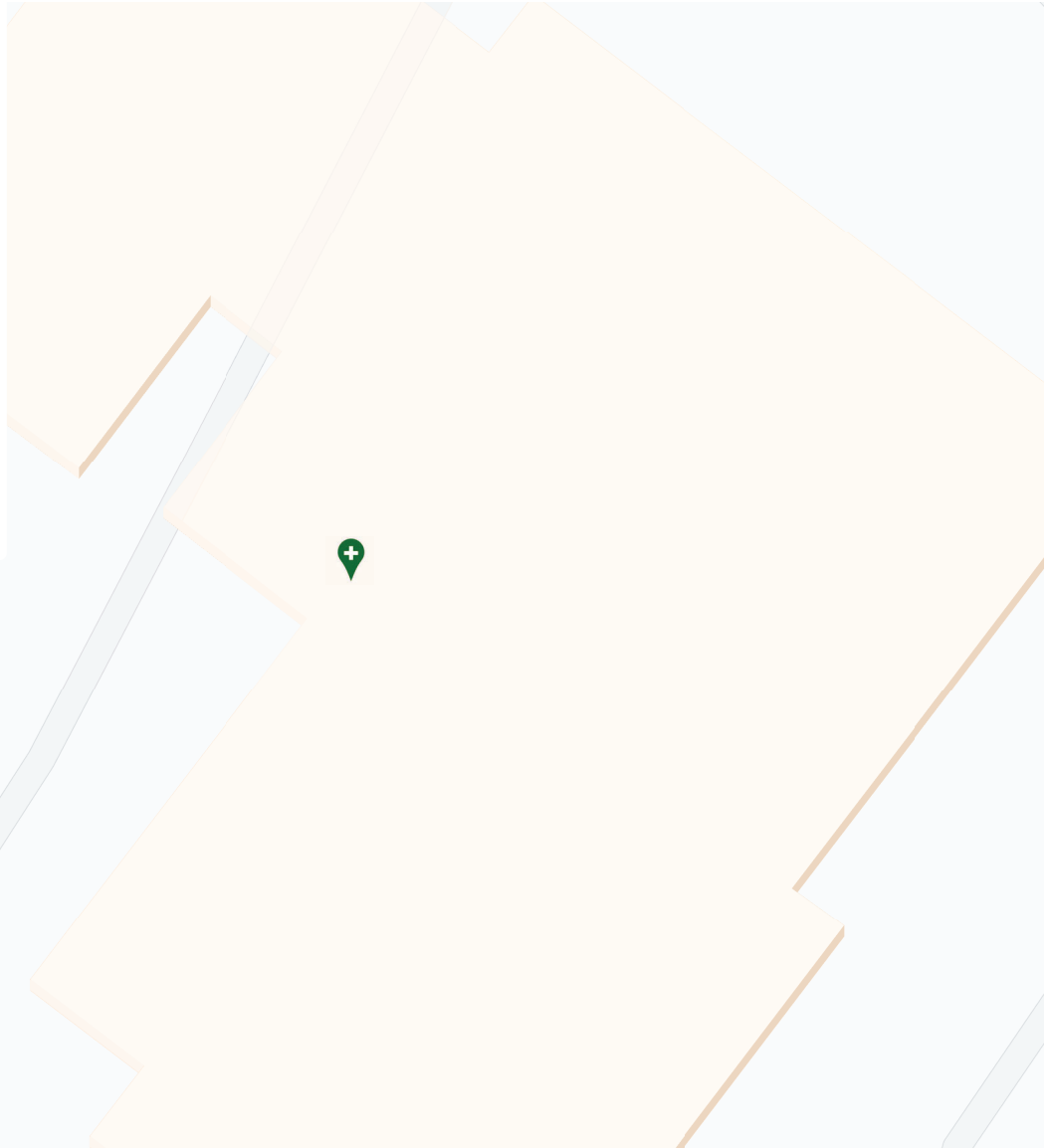
-

Business Email

rachel@onestopmedcenter.com

Business Website

<https://www.onestopmedcenter.com/>



Map data ©2023 [Report a map error](#)

U.S. DEPARTMENT OF TRANSPORTATION

Federal Motor Carrier Safety Administration

1200 NEW JERSEY AVENUE, SE

WASHINGTON, DC 20590

1-800-832-5660

Subscribe To Email Updates



About

[About FMCSA](#)

[Regulations](#)

[Safety](#)

[Analysis](#)

[FMCSA Portal](#)

News and Events

[FMCSA Newsroom](#)

[Press Releases](#)

[Speeches](#)

[Testimony](#)

[Emergency Declarations](#)

Resources

[Career Center](#)

[Resources for Carriers](#)

[Resources for Consumers](#)

[Resources for Drivers](#)

[Forms](#)

Policies, Rights, Legal

[About DOT](#)

[Budget and Performance](#)

[Civil Rights](#)

[FOIA](#)

[Information Quality](#)