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(for Commercial Driver Medical Certification)

Under 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** Under 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, 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)

I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, 5, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date

01/26/2024

|   |  |                          |
|---|--|--------------------------|
| Examiner's Signature  | Medical Examiner's Telephone Number  | Date Certificate Signed  |
|   | (305)770-4500  | 01/26/2022               |
| Examiner's Name <i>(please print or type)</i>                 | <input type="radio"/> MD <input type="radio"/> Physician Assistant <input type="radio"/> Advanced Practice Nurse<br><input type="radio"/> DO <input type="radio"/> Chiropractor <input type="radio"/> Other Practitioner (specify) |                          |
| Examiner's State License, Certificate, or Registration Number | Issuing State  | National Registry Number |
|   | FL   | 4995784791               |

Signature: Corin W Driver's License Number: M251786863660 Issuing State/Province: FL

Address: \_\_\_\_\_ CLP/CDL Applicant/Holder: \_\_\_\_\_

res: 1041 Ne 137th Ave City: Miami State/Province: FL Zip Code: 33161 ☒ Yes ☐ No

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## Search Medical Examiners

  

National Registry Number

Business Name

First Name

Last Name

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1 of 1

[Next Page](#)**+ Dr. Andrew Gordon (Medical Doctor)**

Not accepting examination requests at this time. Please do not contact to schedule an examination.

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