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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:** Valle **First Name:** Guillermo 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

4/17/2025

Medical Examiner's Signature

Medical Examiner's Telephone Number

239-234-57023

Date Certificate Signed

4/17/23

Medical Examiner's Name (please print or type)

Robin Drtman

☐ MD

☒ Physician Assistant

☐ Advanced Practice Nurse

☐ DO

☐ Chiropractor

☐ Other Practitioner (specify) \_\_\_\_\_

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

PPA100089

Issuing State

FL

National Registry Number

1995188645

Driver's Signature

Driver's License Number

48136822

Issuing State/Province

FL

Driver's Address

Street Address:

6818 Still Lx.

City:

San Antonio

State/Province:

TX

Zip Code:

78244

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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**FMCSA**

Federal Motor Carrier Safety Administration

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  Miles

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[Next Page](#)**+ Ms. Robin Ortman (Physician Assistant)****SW Florida Regional Medical Center**

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