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

**Medical Examiner's Certificate**

(for Commercial Driver Medical Certification)

**CMV DRIVER CERTIFICATION**

I certify that I have examined (last name) Parra Gonzalez (first name) Luis in accordance with (please check only)

- 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
- Wearing hearing aid
- Accompanied by a waiver/exemption (specify type): \_\_\_\_\_
- 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)

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**

**08/30/2025**

**MEDICAL EXAMINER INFORMATION**

Medical Examiner's Signature

*[Signature]*

Medical Examiner's Name (please print or type)

Gernier, Eugene

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

pa9103150

Medical Examiner's Telephone Number

(407)859-5656

Date Certificate Signed

08/30/2023

MD  Physician Assistant

Advanced Practice Nurse

DO  Chiropractor

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

Issuing State

FL

National Registry Number

6539331004

**CMV DRIVER INFORMATION**

Driver's Signature

*[Signature]*

Driver's License Number

P625-536-80-267-0

Issuing State/Province

FL

Driver's Address

Street Address: 2309 Tay Wes Dr

City: Saint Cloud

State/Province: FL

Zip Code: 34771-8327

CLP/CDL Applicant/Holder

Yes  No