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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:** RAMIREZ **First Name:** JOSE 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**03/28/2025**Medical Examiner's Signature****Medical Examiner's Telephone Number**(305) 597-8707**Date Certificate Signed**03/28/2023**Medical Examiner's Name (please print or type)**Rosa Garcia Amaya☐ MD ☐ Physician Assistant ☒ Advanced Practice Nurse☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) \_\_\_\_\_**Medical Examiner's State License, Certificate, or Registration Number**APRN11004448**Issuing State**FL**National Registry Number**7656543813**Driver's Signature****Driver's License Number**R562429714280**Issuing State/Province**FL**Driver's Address****Street Address:** 15312 RIVER DR**City:** MIAMI**State/Province:** FL**Zip Code:** 33169**CLP/CDL Applicant/Holder**☒ Yes ☐ No

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