(for Commercial Driver Medical Certification)

I certify that I have examined **Last Name:** [illegible] **First Name:** Ivan 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):
- ( ) 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
- [ ] 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: 06/03/2023

Medical Examiner's Signature

Medical Examiner's Name *(please print or type)*: Ruben Ortega

Medical Examiner's Telephone Number: 239-234-5623

Date Certificate Signed: 04/03/2023

- ( ) MD
- (●) Physician Assistant
- ( ) Advanced Practice Nurse
- ( ) DO
- ( ) Chiropractor
- ( ) Other Practitioner (specify)

Medical Examiner's State License, Certificate, or Registration Number: 9100689

Issuing State: FL

National Registry Number: 1995188645

Driver's Signature

Driver's License Number: A655-400-73-390-0

Issuing State/Province: FL

CLP/CDL Applicant/H

Driver's Address

Street Address: 2001 Airport Rd S City: Naples State/Province: FL Zip Code: 34112 (●) Yes ( ) No

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