200				
-	MIC	Sile-1	583	

OMB No. 2126-0006 Expiration Date: 8/31/2018

Public Burden Statement  A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection of information of information. All of information is estimated to be approximately 1 minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information including suggestions for reducing this burden to: responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.
Medical Examiner's Certificate    Substitute   Substitute
if applicable, only when (check all that apply) OR
the surledge of the driving duties, I find this person is qualified, and, if approximation
Wearing corrective lenses Accompanied by a
Wearing hearing aid Qualified by operation of 49 CFR 32 Total Wearing hearing aid Qualified by operation of 49 CFR 32 Total Property of the Pr
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 complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my completely and correctly, and is on file in my office.  Medical Examiner's Telephone Number.  Medical Examiner's Telephone Number.  Medical Examiner's Telephone Number.
Medical Examiner's Signature  OMD OPhysician Assistant OAdvanced Practice Nurse  OMD OPhysician Assistant OOther Practitioner (specify)  ODO OChiropractor OOther Practitioner (specify)
National Registry Running State Ucense, Certificate, or Registration Number Issuing State
CH Driver's License Number 3100 42
Driver's Address 1148 Nw 52m City: Lawlette To Yes O No
Street Address: Zip Code: 33313

	To a	10 DOB: 10/		Exam Date:	07/	5/025
me: Engrance First	Name: _ 4 ( CO)			CE STATE	SEC.	
Pulse rhythm regular: OY	es O No	Height: Greet Oinche	weight: 4			Sugar
Systolic Systolic	Diastolic	Urinalysis	Sp. Gr.	Protein	Blood	Sugar
Blood Pressure 148	92	Urinalysis is required. Numerical readings must be recorded.	1-020	(F)	(-)	(-)
econd reading prional		Protein, blood, or sugar in t rule out any underlying me	he urine may b edical problem.	e an indicatio	on for furthe	er testing to
ther testing if indicated		, or carding and systems				
lon		Hearing Standard: Must first perceiv	en uchienarad uni	ice at not less t	than 5 feet <b>O</b>	R average
ion	without correction	Standard: Must first perceiv	e whispered voi	CE OI LIOT LESS !	SAME SIGHT	
ndard is at least 20/40 acuity (Snellen) in each eye with	in each eve The use of	hearing loss of less than or	equal to 40 dB, i	in better ear (v	vith or withou	ut hearing aid).
and field of wision in horizontal meridian medsuled	III EUCII E V. III COSCO.	hearing loss of less than or	equal to 40 ats, i	n Detter ear (v	ANTI OF WHITE	/
ective lenses should be noted on the Medical Examiner Uncorrected Corrected Hor	's Certificate.	hearing loss of less than or Check if hearing aid use	equal to 40 ats, i	n Detter ear (v	Left Ear	Neither
east 70° field of vision in horizontal mendian medicales rective lenses should be noted on the Medical Examiner  Uncorrected Corrected Horizontal mendian medicales rective lenses should be noted on the Medical Examiner	's Certificate.	Check if hearing aid use  Whisper Test Results  Paccord distance (in feet):	d for test:	Right Ear	Left Ear C	/
east 70° field of vision in horizontal mendian medical examiner ective lenses should be noted on the Medical Examiner with Uncorrected Corrected Horizontal Examiner (Corrected Horizontal	's Certificate.	hearing loss of less than or Check if hearing aid use	d for test:	Right Ear	Left Ear C	Neither
east 70° field of vision in horizontal mendian medical examiner ective lenses should be noted on the Medical Examiner hity Uncorrected Corrected Horizontal Eye: 20/30 20/4 Right Eye: 20/25 20/4 Lef	rizontal Field of Vision of the Eye:	Check if hearing aid use Whisper Test Results Record distance (in feet) to whispered voice can first OR	d for test:   from driver at the heard	Right Ear	Left Ear C	Neither
east 70° field of vision in horizontal mendian medical Examiner ective lenses should be noted on the Medical Examiner in the Eye:  20/30 20/ Right Eye:  20/25 20/ Left Eyes:  20/30 20/ Right Eyes:	rizontal Field of Vision ght Eye: 90 degrees ft Eye: 90 degrees wes No	Check if hearing aid use Whisper Test Results Record distance (in feet) to whispered voice can first OR Audiometric Test Result	equal to 40 as, )  d for test:   from driver at the heard	Right Ear	Left Ear E Right E	Neither ar Left Ear
east 70° field of vision in horizontal mendian medical Examiner ective lenses should be noted on the Medical Examiner in the Eye:  20/30 20/ Right Eye:  20/25 20/ Left Eyes:  20/30 20/ Right Eyes:	rizontal Field of Vision ght Eye: 90 degrees ft Eye: 90 degrees wes No	Check if hearing aid use Whisper Test Results Record distance (in feet) to whispered voice can first OR	equal to 40 ab, )  d for test:   from driver at the heard	Right Ear  which a force  Left Ear:	Left Ear E Right E	Neither
ective lenses should be noted on the Medical Examiner lity  Uncorrected Corrected Horn to Eye:  20/30 20/ Right Eye:  20/35 20/ Left Eye:  20/35 20/ Left Eyes:  ch Eyes:  20/35 20/ Left Eyes:  20/36 20/ Left Eyes:  20/37	rizontal Field of Vision ght Eye: 90 degrees ft Eye: 90 degrees wes No	Check if hearing aid use Whisper Test Results Record distance (in feet) to whispered voice can first OR Audiometric Test Result Right Ear: 500 Hz 1000 Hz	equal to 40 ab, )  d for test:   from driver at the heard  ts	Right Ear  which a force Left Ear: 500 Hz	Left Ear E Right E	Neither ar Left Ear
ective lenses should be noted on the Medical Examiner ity Uncorrected Corrected Hor it Eye: 20/30 20/ Rig tEye: 20/25 20/ Lef th Eyes: 20/30 20/ Lef colicant can recognize and distinguish among trainals and devices showing red, green, and amber anocular vision	rizontal Field of Vision the Eye: 90 degrees t	Check if hearing aid use Whisper Test Results Record distance (in feet) to whispered voice can first OR Audiometric Test Result Right Ear:	equal to 40 ab, )  d for test:   from driver at the heard  ts	Right Ear  which a force  Left Ear:	Left Ear E Right E	Neither ar Left Ear
ective lenses should be noted on the Medical Examiner lity  Uncorrected Corrected Horn the Eye:  20/30 20/ Right Eye:  20/25 20/ Left Eyes:  20/30 20/ Right Eye	rizontal Field of Vision  ght Eye: 90 degrees  ft Eye: 90 degrees  Yes No  offic control 0 0  optometrist? 0 0	Check if hearing aid use Whisper Test Results Record distance (in feet) to whispered voice can first OR Audiometric Test Result Right Ear: 500 Hz 1000 Hz Average (right):	d for test:  from driver at the heard  ts  2000 Hz	Right Ear  which a force Left Ear: 500 Hz Average (le	Left Ear E Right E	Neither ar Left Ear
east 70° field of vision in horizontal mendian measured rective lenses should be noted on the Medical Examiner with the Eye:  10	rizontal Field of Vision  ght Eye: 10 degrees  ft Eye: 10 degrees  Yes No  offic control 0 0  optometrist? 0 0	Check if hearing aid use Whisper Test Results Record distance (in feet) to whispered voice can first OR Audiometric Test Result Right Ear: 500 Hz 1000 Hz  Average (right):	d for test:  from driver at the heard  ts  2000 Hz	Right Ear  which a force Left Ear: 500 Hz Average (le	Left Ear E Right E	Neither ar Left Ear 2000 Hz
rective lenses should be noted on the Medical Examiner vity  Uncorrected Corrected How the Eye:  20/30 20/ Right Eye:  20/25 20/ Left Eyes:  20/30 20/ Right Eye	rizontal Field of Vision  ght Eye: 10 degrees  ft Eye: 10 degrees  Yes No  offic control 0 0  optometrist? 0 0	Check if hearing aid use Whisper Test Results Record distance (in feet) to whispered voice can first OR Audiometric Test Result Right Ear: 500 Hz 1000 Hz  Average (right):	d for test:  from driver at the heard  ts  2000 Hz	Right Ear  which a force Left Ear: 500 Hz Average (le	Left Ear E Right E	Neither ar Left Ear 2000 Hz
rective lenses should be noted on the Medical Examiner in the Lenses should be noted on the Medical Examiner in the Lenses should be noted on the Medical Examiner in the Lenses should be noted on the Medical Examiner in the Lenses and Lenses and Lenses and Lenses and Lenses and distinguish among trainals and devices showing red, green, and ambertional amount of the Lenses and Lenses	rizontal Field of Vision the Eye: 10 degrees t	Check if hearing aid use Whisper Test Results Record distance (in feet) to whispered voice can first OR Audiometric Test Result Right Ear: 500 Hz 1000 Hz  Average (right):	d for test:  from driver at the heard  ts  2000 Hz	Right Ear  which a force Left Ear: 500 Hz Average (le	Left Ear E Right E	Neither ar Left Ear 2000 Hz
ective lenses should be noted on the Medical Examiner lity  Uncorrected Corrected Horn teye:  20/30 20/ Right Eye:  20/30 20/ Right Eye:  20/30 20/ Left Eye	rizontal Field of Vision the Eye: 10 degrees t	Check if hearing aid use Whisper Test Results Record distance (in feet) to whispered voice can first OR Audiometric Test Result Right Ear: 500 Hz 1000 Hz  Average (right):	d for test:  from driver at the heard  ts  2000 Hz	Right Ear  which a force Left Ear: 500 Hz Average (le	Left Ear Carlight Early (1000 Hz	Neither ar Left Ear 2000 Hz eely to eglecting the
ctive lenses should be noted on the Medical Examiner ity Uncorrected Corrected Hor it Eye: 20/30 20/ Rig it Eye: 20/30 20/ Lef it Eyes: 2	rizontal Field of Vision  ght Eye: Odegrees  ft Eye: Odegrees  Yes No  offic control O  optometrist? O  sarily disqualify a drive f a condition does not ake the necessary step might affect driving.	Check if hearing aid use  Whisper Test Results Record distance (in feet) to whispered voice can first OR  Audiometric Test Result Right Ear: 500 Hz 1000 Hz  Average (right):  er, particularly if the condition of the condition o	d for test:  from driver at the heard  ts  2000 Hz	Right Ear  which a force Left Ear: 500 Hz Average (le	Left Ear Carlight Early (1000 Hz	Neither ar Left Ear 2000 Hz eglecting the mal Abnormal
ty Uncorrected Corrected How the Eye: 20/30 20/ Right Eye: 20/30 20/ Rig	rizontal Field of Vision the Eye: 10 degrees t	Check if hearing aid use  Whisper Test Results Record distance (in feet) to whispered voice can first OR  Audiometric Test Result Right Ear: 500 Hz 1000 Hz  Average (right):  er, particularly if the conditions to correct the conditions.	d for test:  from driver at the heard  ts  2000 Hz  dion is controlledical Examination as soon as po	Right Ear  which a force  Left Ear: 500 Hz  Average (left)  led adequate er may consists ossible, parti	Left Ear Carlight Early (1000 Hz	Neither ar Left Ear 2000 Hz  Rely to aglecting the mal Abnormal O
sective lenses should be noted on the Medical Examiner (ity Uncorrected Corrected How It Eye: 20/30 20/ Right Eye: 20/30 20/ Left Eye: 20/30 20/ L	rizontal Field of Vision  ght Eye: Odegrees  ft Eye: Odegrees  Yes No  offic control O  optometrist? O  sarily disqualify a drive f a condition does not ake the necessary step might affect driving.	Check if hearing aid use Whisper Test Results Record distance (in feet) to whispered voice can first OR Audiometric Test Result Right Ear: 500 Hz 1000 Hz Average (right):  Average (right):  er, particularly if the condition disqualify a driver, the Meast to correct the condition 9. Genito-urinary sy	d for test:  from driver at the heard  ts  2000 Hz  dion is controlledical Examination as soon as po	Right Ear  which a force  Left Ear: 500 Hz  Average (left)  led adequate er may consists ossible, parti	Left Ear Carlight Early (1000 Hz	Neither ar Left Ear 2000 Hz  Rely to aglecting the mal Abnormal O
ity Uncorrected Corrected Howard Testing Uncorrected Corrected Howard Examiner Ity Uncorrected Corrected Howard Ity Uncorrected Howard Ity Uncorrected Ity Unc	scertificate. rizontal Field of Vision ght Eye: Odegrees ft Eye: Odegrees  Yes No affic control colors  optometrist? O  sarily disqualify a drive f a condition does not ake the necessary step might affect driving.  Normal Abnorma  O  O  O  O  O  O  O  O  O  O  O  O  O	Check if hearing aid use Whisper Test Results Record distance (in feet) to whispered voice can first OR Audiometric Test Result Right Ear: 500 Hz 1000 Hz  Average (right):  Average (right):  The particularly if the condition of	d for test:  from driver at the heard  ts  2000 Hz  dical Examine as soon as possible	Right Ear Left Ear: 500 Hz Average (left Ear) led adequate er may consions ble, parti	Left Ear Carlight Early (1000 Hz	Neither ar Left Ear 2000 Hz  Rely to aglecting the mal Abnormal O
ity Uncorrected Corrected Horat Eye:  20/30 20/ Rig Eye: 20/30 20/ Rig Eye: 20/30 20/ Lef Collicant can recognize and distinguish among translats and devices showing red, green, and ambertional to ophthalmologist or optometrist?  Ved documentation from ophthalmologist or or is readily amenable to treatment. Even it or arily. Also, the driver should be advised to the tion could result in a more serious illness that it the body systems for abnormalities.  Vestem  Eye: 20/30 20/ Rig 20/ Lef 2	rizontal Field of Vision  ght Eye: Odegrees  ft Eye: Odegrees  Yes No  offic control  colors  optometrist? O  sarily disqualify a drive f a condition does not ake the necessary step might affect driving.  Normal Abnorma	Check if hearing aid use Whisper Test Results Record distance (in feet) to whispered voice can first OR Audiometric Test Result Right Ear: 500 Hz 1000 Hz  Average (right):  Average (right):  The particularly if the condition of	d for test:  from driver at the heard  ts  2000 Hz  dical Examine as soon as possible	Right Ear Left Ear: 500 Hz Average (left Ear) led adequate er may consions ble, parti	Left Ear Carlight Early (1000 Hz	Neither ar Left Ear 2000 Hz 2000 Hz eglecting the mal Abnormal Abn
ast 70° field of vision in horizontal meridian measured ective lenses should be noted on the Medical Examiner lity Uncorrected Corrected Horizontal Eye: 20/30 20/4 Right Eye: 20/35 20/4 Left Eye: 20	scertificate. rizontal Field of Vision ght Eye: Odegrees ft Eye: Odegrees  Yes No affic control colors  optometrist? O  sarily disqualify a drive f a condition does not ake the necessary step might affect driving.  Normal Abnorma  O  O  O  O  O  O  O  O  O  O  O  O  O	Check if hearing aid use Whisper Test Results Record distance (in feet) to whispered voice can first OR Audiometric Test Result Right Ear: 500 Hz 1000 Hz  Average (right):  Tr. particularly if the condition disqualify a driver, the Means to correct the condition 9. Genito-urinary sy 10. Back/spine 11. Extremities/joint 12. Neurological sys 13. Gait	d for test:  from driver at the heard  ts  2000 Hz  dical Examination as soon as position is controlled as s	Right Ear Left Ear: 500 Hz Average (left Ear) led adequate er may consions ble, parti	Left Ear Carlight Early (1000 Hz	Neither ar Left Ear 2000 Hz  Rely to aglecting the mal Abnormal O
ast 70° field of vision in horizontal meridian measured ective lenses should be noted on the Medical Examiner lity Uncorrected Corrected Horizontal Eye: 20/30 20/4 Right Eye: 20/30 20/4 Left Eye: 20/30 20/4 Eye: 20/3	rizontal Field of Vision  the Eye:  The State of Control of Colors  The State of Colors  The	Check if hearing aid use Whisper Test Results Record distance (in feet) to whispered voice can first OR Audiometric Test Result Right Ear: 500 Hz 1000 Hz  Average (right):  The particularly if the condition of	from driver at the heard  ts  2000 Hz  dical Examine as soon as possible to the soon as possible to th	Right Ear Control which a force Left Ear: 500 Hz Average (left Ear consider may con	Left Ear Carlight Early (1000 Hz	Neither ar Left Ear 2000 Hz 2000 Hz eglecting the mal Abnormal Abn
ity Uncorrected Corrected Howard Exercise lenses should be noted on the Medical Examiner ity Uncorrected Corrected Howard Exercise lenses should be noted on the Medical Examiner ity Uncorrected Corrected Howard Exercise 20/30 20/4 Right Eye: 20/30 20/4 Lender 10/20/20/4 Lender 10/20/20/4 Lender 10/20/20/4 Lender 10/20/20/4 Lender 10/20/20/4 Lender 10/20/20/20/20/20/20/20/20/20/20/20/20/20	rizontal Field of Vision  the Eye:  The State of Control of Colors  The State of Colors  The	Check if hearing aid use Whisper Test Results Record distance (in feet) to whispered voice can first OR Audiometric Test Result Right Ear: 500 Hz 1000 Hz  Average (right):  The particularly if the condition of	from driver at the heard  ts  2000 Hz  dical Examine as soon as possible to the soon as possible to th	Right Ear Control which a force Left Ear: 500 Hz Average (left Ear consider may con	Left Ear Carlight Early (1000 Hz	Neither ar Left Ear 2000 Hz 2000 Hz eglecting the mal Abnormal Abn
ht Eye: 20/30 20/ Rig	rizontal Field of Vision  the Eye:  The State of Control of Colors  The State of Colors  The	Check if hearing aid use Whisper Test Results Record distance (in feet) to whispered voice can first OR Audiometric Test Result Right Ear: 500 Hz 1000 Hz  Average (right):  The particularly if the condition of	from driver at the heard  ts  2000 Hz  dical Examine as soon as possible to the soon as possible to th	Right Ear Control which a force Left Ear: 500 Hz Average (left Ear consider may con	Left Ear Carlight Early (1000 Hz	Neither ar Left Ear 2000 Hz 2000 Hz eglecting the mal Abnormal Abn

(Attach additional sheets if necessary)

Miller Philosophy (agestur) and the Secretary Secretary State & State St Sheet Sec 360 Supe & Constant, Conduction, Constant, Conference of American or providence of havine play more hards MATERIAL CONTRACTOR SERVICE NO. NO. NO. NO. NO. NO. I semificiones morges esse 1 Succession Superson 18 CONTRACTOR TO A CHARLES OF MARKETON I for problems incost frameway surround the Market, of Second, sinch are track from the first track & EAR WHILE THE WHILE SHEETHING I MANY GOVERN THAN MEMOR BY SHOWN OF SHOW RAW to their or said grassman 2 Sure works, government yellow, & Faramaker, stems, implantable devices, or other team. 22 State (10) of Sandary prosume. SPICE OF SHIPE 22 CANNOT 7. High blood pressure M. Comple Suprepared, which are or other Supre September. 8. High cholesters). 25 Seets Anather, species in Senting, while shore, 9. Chronic (long-term) caugi, charmess of breath, or SANTON SAMPLEY SOUTH STATES other breathing problems the man property and a surely set, my seek provide 10, Lung-disease (e.g. sisting) 2) Have gracery open a negri is that language at 11. Kidney problems, kidney disines, or pain/problems A THE BUTH THE THE PRINTED with unnation The state for one and it to provide an investment 12. Secretary, lives, or dispersive prositions. & Serger carried a tree second 13. Diabetes or blood sugar problems I was you seek it hope that we will have insulin used 14. Anniety, degression, services est, other mental seattle Lotton processed blind or designed or have deposited SHISTSHITTE or at Bergs suppressed 15. Fainting or passing our O'M DM OHIOM Other health condition(s) not described above Emmenve Franile Otto Otto Ottobio Emmonvel Frasile PRINT ADDRESS SHEET, FRANCISCO that the above information is accurate and complete, is ordered and macurate, "above mixing internation may make an ine that submission of translates or constraintly later observables a constaint of the 1919 of additional submission of the 1919 of the constraint of the 1919 of th and my Medical Exam of haudulent or intentionally SECTION 2. Examination Report to be tiled out to the made processes alle specifica di conneccio noto ence Citi. tmounde

A Federal agency may not conduct or sporting and a person is not required to respond to, nor shall a person be subject to a penulty for failure to comply with a collection of information subject to the required agency may not conduct or sporting and a person is not required to respond to one shall a person be subject to a penulty for failure to comply with a collection of information subject to the required agency may not conduct or sporting and a person is not required to respond to one shall a person be subject to a penulty for failure to comply with a collection of information subject to the required agency may not conduct or sporting and a person is not required to respond to one shall a person be subject to a penulty for failure to comply with a collection of information subject to the required agency may not conduct or sporting and a person is not required to respond to one shall a person be subject to a penulty for failure to comply with a collection of information subject to the required to report and a person is not required to respond to one shall a person be subject to a penulty for failure to comply with a collection of information subject to the required to report and a person is not required to respond to one shall a person be subject to a penulty for failure to comply with a collection of information accordance to the required to report a penulty for failure to comply to the required to report a penulty for failure to comply to the required to report a penulty for failure to comply to the required to report a penulty for failure to comply to the required to report a penulty for failure to comply to the required to report a penulty for failure to comply to the required to report a penulty for failure to comply to the required to report a penulty for failure to comply to the required to report a penulty for failure to comply to the required to report a penulty for failure to comply to the required to report a penulty for failure to comply to the required to report a penulty for failure to the requi The Represent Reduction Act unless that collection of information displays a current solid OMS Control Number. The CMS Control Number for this information collection is 21.26-2006. Public reprotong for this collection. of information is entirelyed to be approximately 25 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All response to this collection of information are manutancy. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this hunder for the collection of information. The collection of information are manutancy. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this hunder for any other aspect of this collection of information, including suggestions for reducing this hunder for any other aspect of this collection of information. Information Collection Character Officer, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 205/80.

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

## **Medical Examination Report Form**

(for Commercial Driver Medical Certification)

MEDICAL RECORD #

(or sticker)

PERSONAL INTO	English English	Middle Initial: Date of Birth:	10/30/10 Age: 3
ast Name: Hazire	First Name: Immanus  5 2nd City: Laud  15 - 0 2000 Javing State 18	echill State/Province: +	-1 Zip Code: 3331
street Address: 148871VU	1500923900 Issuing State/P	Province: Florida	Phone: 9548394
oriver's License Number:	e @ yahoo. Com	CLP/CDL Applicant/Holder*: Ø Yes	O No
-Mail (optional):	-	Driver ID Verified By**: O.A.	
as your USDOT/FMCSA medical certifi	denied or issued for less th	an 2 years? O Yes O No O Not So  D Ventied By: Record what type of photo ID was used to wently the iden	are at the driver, e.g., CDL, draver's Science, pursuport.
(PICDL Applicant/Holder: See Instructions for definitions.		THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I	O Yes O No O Not Sure
PRIVER HEALTH HISTORY	List and explain below.		O Yes W No C
lave you ever had surgery? If "yes," ple	ase list and explain of		
1			
4			

First Name: \_

Emmanod DOB: 10

Aease complete only one of the following (Federal or State) Medical Examiner Determination sections:

MEDICAL EXAMINER DETERMINATION (Federal)	
se this section for examinations performed in accordance with the Federal Motor Carrie	er Safety Regulations (49 CFR 391.41-391.49):
Does not meet standards (specify reason):	
Meets standards in 49 CFR 391.41; qualifies for 2-year certificate  Meets standards, but periodic monitoring required (specify reason):  Driver qualified for: O 3 months O 6 months O 1 year O other (specify):  Wearing corrective lenses	y a waiver/exemption (specify type):
Driving within an exempt intracity zone (see 49 CFR 391.62) (Federal)	
Determination pending (specify reason):	
Return to medical exam office for follow-up on (must be 45 days or less):	
Medical Examination Report amended (specify reason):  (if amended) Medical Examiner's Signature:	Date:
Incomplete examination (specify reason):	
If the driver meets the standards outlined in 49 CFR 391.41, then complete a Medical	Examiner's Certificate as stated in 49 CFR 391,43(11), as appropriate
have performed this evaluation for certification. I have personally reviewed all available performed this evaluation for certification. I have personally reviewed all available performed this evaluation, and attest that, to the best of my knowledge, I believe it to be true and ovaluation, and attest that, to the best of my knowledge, I believe it to be true and ovaluation.	ilable records and recorded information pertaining to this
ledical Examiner's Signature:	
edical Examiner's Signature.  Dr. ORLANDO AGUELA, D.C.  City	y: HOLLYWOOD State: FL Zip Code: 33024
edical Examiner's Address: 7060 TAFT STREET	Date Certificate Signed: 7/5/2024
	Issuing State: FL
Certificate, or Registration Number.	urse
MD □ DO □ Physician Assistant ☑ Chiropractor □ Advanced Practice N	
Other Practitioner (specify):	Medical Examiner's Certificate Expiration Date: 7/5/202
lational Registry Number: 8910399681	Medical Examiner 3 co.