

## Public Burden Statement

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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) Guanique (first name) Eduardo 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 (specify type):☐ 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

07/19/2024

## MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature

Diane F. Harris  
 Medical Examiner's Name (please print or type)

Harris, Diane

Medical Examiner's Telephone Number

(912)966-5445

Date Certificate Signed

07/19/2022

☐ MD☐ Physician Assistant☐ Advanced Practice Nurse☒ DO☐ Chiropractor☐ Other Practitioner (specify)

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

66500

Issuing State

GA

National Registry Number

1403799981

## CMV DRIVER INFORMATION

Driver's Signature

[Signature]  
 Driver's Address

Driver's License Number

059920361

Issuing State/Province

GA

CLP/CDL

Street Address: 18 Birch Cir

City: Port Wentworth

State/Province: GA

Zip Code: 31407

☒ Yes ☐ No

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