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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: MORALES GARCIA First Name: Jose E 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

09-07-2025

Medical Examiner's Signature

Medical Examiner's Name (please print or type)

DELORES V RODRIGUEZ RN FNP APRN

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

AP108719

Medical Examiner's Telephone Number

9565682330

Date Certificate Signed

09-07-2023

☐ MD ☐ Physician Assistant ☒ Advanced Practice Nurse

☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____

Issuing State

Texas

National Registry Number

☒ 5284831952

Driver's Signature

Driver's License Number

44441545

Issuing State/Province

TX

Driver's Address

Street Address: 602 BARKWOOD DR

City: Laredo

State/Province: TX

Zip Code: 78045

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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