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: Triana First Name: Felix 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 _____ waiver/exemption
☐ Wearing hearing aid ☐ 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)*

Medical Examiner's Certificate Expiration Date: 1/20/25

The information I have provided regarding this medical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments, was completed by me, and is on file in my office.

Medical Examiner's Signature [signature]

Medical Examiner's Telephone Number: 305-519-2546

Date Certificate Signed: 1/20/23

Medical Examiner's Name *(please print or type)*: Jonathan Delvalle PA

○ MD ● Physician Assistant ○ Advanced Practice Nurse
○ DO ○ Chiropractor ○ Other Practitioner *(specify)*: _____

Medical Examiner's State License, Certificate, or Registration Number: PA 9108086

Issuing State: FL

National Registry Number: 6098636188

Driver's Signature X [signature]

Driver's License Number: T655290872220

Issuing State/Province: FL

Driver's Address *(street, city, state/province, zip code)*: 3737 SW 48 Ave Hollywood FL 33023

CLP/CDL Applicant/Holder: ○ Yes ○ No