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:** BLOCKER **First Name:** JOHNNY 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

Medical Examiner's Certificate Expiration Date: 9/26/24

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments explaining my findings completely and correctly, and is on file in my office.

Medical Examiner's Signature: P.Mol

Medical Examiner's Telephone Number: (305) 301-8550

Date Certificate Signed: 9/26/23

Medical Examiner's Name (please print or type): Peter Molina, PA-C

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

Medical Examiner's State License, Certificate, or Registration Number: PA9111481

Issuing State: FL

National Registry Number: 7154750880

Driver's Signature: [signature] B426 **Driver's License Number:** 432740120 **Issuing State/Province:** FL

Driver's Address: Street Address: 2016 NW 157th City: Miami State/Province: FL Zip Code: 33147 **CLP/CDL Applicant/Holder:** ☑ Yes ○ No