

# Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

Washington, DC 20590

I certify that I have examined **Last Name:** VARGAS **First Name:** DRAUDECIO 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

01/07/2024

Medical Examiner's Signature [Signature] Medical Examiner's Telephone Number 813-443-4611 Date Certificate Signed 01/07/2022

Medical Examiner's Name (please print or type) Muliken D Frew ☒ MD ☐ Physician Assistant ☐ Advanced Practice Nurse ☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) \_\_\_\_\_

Issuing State FL National Registry Number 7596410753

Medical Examiner's State License, Certificate, or Registration Number ME88205

Driver's Signature [Signature] Driver's License Number V622-160-75-370-0 Issuing State/Province FL

Driver's Address 5006 PARKHILLS DR City: TAMPA State/Province: FL Zip Code: 33624 ☒ Yes ☐ No **CDL Applicant/Holder**

Street Address: \_\_\_\_\_

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