

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)

13230925935099

CMV DRIVER CERTIFICATION

I certify that I have examined Last Name: VALERAFirst Name: MIYael

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):

- | | | |
|--|--|--|
| <input type="checkbox"/> Wearing corrective lenses | <input type="checkbox"/> Accompanied by a _____ waiver/exemption | <input type="checkbox"/> Driving within an exempt intracity zone (49 CFR 391.62) (Federal) |
| <input type="checkbox"/> Wearing hearing aid | <input type="checkbox"/> Accompanied by a Skill Performance Evaluation (SPE) Certificate | <input type="checkbox"/> Qualified by operation of 49 CFR 391.64 (Federal) |
| | | <input type="checkbox"/> 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-5876, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date

9/25/2025

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature

Medical Examiner's Name (please print or type)

LAUREN ROMAN

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

277.000740

Medical Examiner's Telephone Number

(630) 972-0733

Date Certificate Signed

9/25/2023

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

Issuing State

IL

National Registry Number

3476213849

CMV DRIVER INFORMATION

Driver's Signature

Driver's License Number

175949914

Issuing State/Province

NY

Driver's Address

CLP/CDL Applicant/Holder

Street Address: 3215 HOLLAND 9FCity: BRONXState/Province: NYZip Code: 10467☒ Yes ☐ No

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YOU MUST PROVIDE YOUR STATE DRIVER LICENSING AGENCY WITH THE COPY OF THE MEDICAL CERTIFICATE. MED-STOP DOES NOT SEND IT TO THE SDLA.