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:** JEAN CHARLES **First Name:** GUYMAN 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
- [ ] 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)*

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: 10/21/2023

Medical Examiner's Signature: R. Garcia

Medical Examiner's Telephone Number: (305) 597-8707

Date Certificate Signed: 10/21/2021

Medical Examiner's Name *(please print or type)*: Rosa Garcia Amaya

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

Medical Examiner's State License, Certificate, or Registration Number: APRN11004448

Issuing State: FL

National Registry Number: 7656543813

Driver's Signature: Guyman

Driver's License Number: J526280793040

Issuing State/Province: FL

Driver's Address

Street Address: 2301 S CONGRESS AVE APT 1321 **City:** BOYNTON BEACH **State/Province:** FL **Zip Code:** 33426

CLP/CDL Applicant/Holder: (●) Yes ( ) No