

Nein, Burden System ist...

古詩云：『春風吹綠柳，
燕子剪輕盈。』

U.S. Department of Transportation
Federal Motor Vehicle Safety Council

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Medical Examiner's Certificate (for Commercial Driver Medical Certification)

I certify that I have examined JORDANA FLORES (First Name) RAYIRO (Last Name) 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)

☐ Accompanied by a _____ wallet/keys/pin

☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate

☐ Driving within an exempt intracity zone (49 CFR 391.63) (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 7/21/18

Medical Examiner's Signature

Medical Examiner's Telephone Number

Date Certificate Signed

Medical Examiner's Name (please print name)

Dr. Joseph E. Garcia, D.C.

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

65078 arob@uwaterloo.ca for water level

Assessing State

Page

National Registry Number

0565119628

Driver's Signature: _____

Driver's License Number

Issuing State/Province

Driver's Address

hls-#

hls-#

ControlDrawings

7-21-5

CLP/KOL Applicant/Holder