



U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

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Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

I certify that I have examined **Last Name:** Hernandez **First Name:** Eugenio 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 Date06/02/2024**Medical Examiner's Signature****Medical Examiner's Name** (please print or type)Evelyn Montero**Medical Examiner's State License, Certificate, or Registration Number**FL 1287**Medical Examiner's Telephone Number**305.245.0222**Date Certificate Signed**06/02/2022

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

Issuing StateFL**National Registry Number**4539135394**Driver's Signature****Driver's License Number**H655200650600**Issuing State/Province**FL**Driver's Address****Street Address:** 1405se 27th**City:** Homestead**State/Province:** FL**Zip Code:** 33035**CLD/CDL Applicant/Holder**☒ Yes ☐ No

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4539135394

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 **Dr. Evelin Montero (Medical Doctor)**

 **Physicians Health Center**

1448 N Krome Ave Suite 101 Florida City, FL 33034

 (305) 245-0222

 N/A [Directions](#)

Homestead Probation
and Parole Office

Florida Department
of Highway Safety

