

Public Burden Statement
A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to be approximately one minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-PRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.



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:** SANTIAGO **First Name:** JUAN 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 ☐ Grandfathered from State requirements (State)

Medical Examiner's Certificate Expiration Date

8/25/2024

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 Signature

Medical Examiner's Telephone Number

317-352-5582

Date Certificate Signed

5/25/2024

Medical Examiner's Name (please print or type)

Fidelity Akonji

☐ MD ☐ Physician Assistant ☒ Advanced Practice Nurse

☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____

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

71013550A

Issuing State

IN

National Registry Number

6887126072

Driver's Signature

Driver's License Number

S532423983210

Issuing State/Province

FL

Driver's Address

Street Address: 2023 BERLIN RD

City: JACKSONVILLE

State/Province: FL

Zip Code: 32218

CLP/CDL Applicant/Holder

☒ Yes ☐ No

This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.



FMCSA

Federal Motor Carrier Safety Administration



[Home](#)

[Register](#)

[Find A Medical Examiner](#)

[Resource Center](#)

[Contact Us](#)

[Login](#)





Mrs. Fidelity Akonji
(Nurse Practitioner)



Email



Website

Practice Business Name
Fast Pace Urgent Care

Address
1778 E State Rd 44 Shelbyville, IN 46176

Hours of Operation
-

National Registry Number
6887126072

Certification Date
03/19/2024

Distance
N/A

Business Phone
(463) 235-3043

Business Fax Number
-

Business Email
fidelity.akonji@fastpacehealth.com

