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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 Valquez 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 ☐ 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

5-26-24

Medical Examiner's Signature

Medical Examiner's Telephone Number

(262) 217-3455

Date Certificate Signed

5/26/24

Medical Examiner's Name (please print or type)

Suzanne Siegel, MD

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

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

37868

National Registry Number

☒ Wisconsin 3092123427

Driver's Signature

Driver's License Number

5532423983210

Issuing State/Province

FL

Driver's Address

11128 Wandering Oaks Dr

City:

Jacksonville

State/Province:

FL

Zip Code:

322570Yes ☐ No ☐

CLP/CDL Applicant/Holder

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FMCSA

Federal Motor Carrier Safety Administration



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⊕ Dr. Suzanne Donick-Siegel
(Medical Doctor)

Not accepting examination requests at this time. Please do not
contact to schedule an examination.

National Registry Number	Certification Date
3092123427	03/31/2014

