

Medical Examiner's Certificate  
of the Florida Department of Transportation

DMV DRIVER CERTIFICATION

I certify that I have examined Last Name Radilla First Name Fernando A. (Print Name) and age 34 years.

I am a Florida Medical Care Safety Regulator (FLS 2023.001) (FLS 2023.002) and, with knowledge of the driving rules, I find the person to be fit to drive a motor vehicle on the public roads of this state.  
 I am a Florida Medical Care Safety Regulator (FLS 2023.001) (FLS 2023.002) with an applicable State variation (which will only be used for a specific condition) and with knowledge and training to find if the person is qualified, and, if applicable, only when I find that applicant:

- Wearing corrective lenses
- Accompanied by a \_\_\_\_\_ (Print Name)
- Driving under an alcohol advisory level (0.02-0.05) (FLS 2023.001)
- Wearing hearing aid
- Accompanied by a 1000 Performance Evaluation (APE) (FLS 2023.001)
- Qualified for operation of a motor vehicle
- www.flhsmv.com for more information

The information I have provided regarding this physical examination is true and complete. It is my legal responsibility to provide an unbiased, objective, and accurate assessment, and to not be influenced.

02/15/2026

MEDICAL EXAMINER INFORMATION

Signature of Medical Examiner [Signature]

Medical Examiner Name (please print in full)  
**Ricardo M. Negrin Marrero, NP**

Medical Examiner's State License, Certificate, or Registration Number  
**APRN-11006417**

Medical Examiner Telephone Number  
**786-485-4191**

- MD
- Physician Assistant
- Nurse Practitioner
- DO
- Chiropractor
- Other (Please Specify)

Issuing State  
**FL**

02/15/2024

Medical Licensure Number  
**9911461415**

DMV DRIVER INFORMATION

Address  
6680 W 2nd CT  
APT 100

City  
Hialeah

Phone Number  
P-344-247-89-338-0

State  
F.I 33012

Sex  
F

Special Requirements



**+** Ricardo Negrin Marrero  
(Nurse Practitioner)



Email



Website

**Practice Business Name**  
Vida Health Center

**Address**  
881 E 2nd Ave Hialeah, FL 33010

**Hours of Operation**  
-

**National Registry Number** 9911461415  
**Certification Date** 02/24/2022

**Distance** N/A  
**Business Phone** (305) 882-1100

**Business Fax Number**

**Business Email**  
jthealthcare1@gmail.com

