Public Burden Statement:
A Federal agency may not conduct or sponsor, and [illegible]

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

Medical Examiner's Certificate
(Certificado del Médico Examinador)

I certify that I have examined **Last Name:** BALTODANO **First Name:** GUSTAVO 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
- [ ] Wearing hearing aid
- [ ] Accompanied by a _____ waiver/exemption
- [ ] Accompanied by a Skill Performance Evaluation (SPE) Certificate
- [ ] Driving within an exempt intracity zone (49 CFR 391.62) *(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: 08/11/2025

Medical Examiner's Signature

Medical Examiner's Telephone Number: (305) 888-6969

Date Certificate Signed: 08/11/2023

Medical Examiner's Name *(please print or type)*: Aniełka Escoto

( ) MD ( ) Physician Assistant (●) Advanced Practice Nurse
( ) DO ( ) Chiropractor ( ) Other Practitioner *(specify)* _____

Medical Examiner's State License, Certificate, or Registration Number: APRN9283850

Issuing State: FL

National Registry Number: 8251269623

Driver's Signature

Driver's License Number: 19598792

Issuing State/Province: TX

Driver's Address

Street Address: 12646 CALDWELL CANYON LN City: HOUSTON State/Province: TX Zip Code: 77014

CLP/CDL Applicant/Holder: (●) Yes ( ) No

United States Department of Transportation

FMCSA
Federal Motor Carrier Safety Administration

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First Name:

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Ms. Anielka Escoto (Nurse Practitioner)
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(305) 888-6959 *N/A* Directions