



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:** Pineda Companioni **First Name:** Reina Ido 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)

Medical Examiner's Certificate Expiration Date

05/01/2025

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 Name (please print or type)

Dr. Wilhelmina Sanchez

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

ME 102960

Driver's Signature

Driver's Address

Street Address:

12021 SW 176 Ter

City: Miami

State/Province

FL

Zip Code

33177

CLP/CDL Applicant/Holder

☒ Yes ☐ No

Medical Examiner's Telephone Number

305-234-9484

Date Certificate Signed

05-01-2023

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

Issuing State

Florida

National Registry Number

9763094657

Driver's License Number

P532-720-84-054-0

Issuing State/Province

Florida

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 **Dr. Mirrel Sanchez**
(Medical Doctor)



Practice Business Name

Mirrel Sanchez MD PA

Address

11468 QUAIL ROOST DRIVE, Miami, FL 33157

Hours of Operation

8-5 M-Thu-F

National Registry Number

9763094657

Certification Date
02/12/2014

Distance

N/A

Business Phone
(305) 234-9484

Business Fax Number

3052341025

Business Email

mirrelsanchezmdpa@yahoo.com

