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: Acosta First Name: Jonatan 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: 5/1/25

Medical Examiner's Signature: [signature]

Medical Examiner's Telephone Number: 305-519-2546

Date Certificate Signed: 5/1/23

Medical Examiner's Name (please print or type): Jonathan Delvalle PA

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

Medical Examiner's State License, Certificate, or Registration Number: PA 9108088

Issuing State: FL

National Registry Number: 6098636188

Driver's Signature: [signature]

Driver's License Number: A223420 79177

Issuing State/Province: FL

CLP/CDL Applicant/Holder ○ Yes ○ No

Driver's Address

Street Address: 1311 Biarritz City: Miami Beach State/Province: FL Zip Code: 33141

An official website of the United States government Here's how you know

United States Department of Transportation

FMCSA
Federal Motor Carrier Safety Administration

NATIONAL REGISTRY OF CERTIFIED MEDICAL EXAMINERS

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National Registry Number: 6098636188

Business Name:

First Name:

Last Name:

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Mr. Jonathan Delvalle (Physician Assistant)
ACEVEDO MEDICAL GROUP
2400 NW 54 Street Hialeah Gardens, FL 33142
(305) 519-2546 N/A Directions

Mr. Jonathan Delvalle (Physician Assistant)
ACEVEDO MEDICAL GROUP
2400 NW 54 Street Miami, FL 33142
(305) 519-2546 N/A Directions

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