

Public Burden Statement

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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: CANGA ROMERO First Name: GINLEY 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):

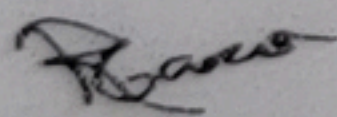
- | | | |
|--|--|--|
| <input type="checkbox"/> Wearing corrective lenses | <input type="checkbox"/> Accompanied by a _____ waiver/exemption | <input type="checkbox"/> Driving within an exempt intracity zone (49 CFR 391.62) (Federal) |
| <input type="checkbox"/> Wearing hearing aid | <input type="checkbox"/> Accompanied by a Skill Performance Evaluation (SPE) Certificate | <input type="checkbox"/> Qualified by operation of 49 CFR 391.64 (Federal) |
| | | <input type="checkbox"/> 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

09/26/2024

Medical Examiner's Signature



Medical Examiner's Telephone Number

(305) 597-8707

Date Certificate Signed

09/26/2022

Medical Examiner's Name (please print or type)

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

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

APRN11004448

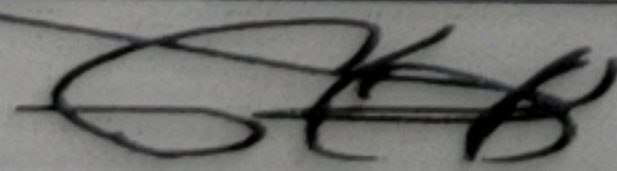
Issuing State

FL

National Registry Number

7656543813

Driver's Signature



Driver's License Number

C526280802210

Issuing State/Province

FL

Driver's Address

Street Address: 941 W 79TH PLCity: HIALEAHState/Province: FLZip Code: 33014

CLP/CDL Applicant/Holder

☒ Yes ☐ No



Search Medical Examiners

National Registry Number

Business Name

First Name

Last Name

[Basic Search](#)

Ms. ROSA GARCIA AMAYA (Advanced Practice Registered Nurse)
 MedCareMiami
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 (786) 991-3615 [N/A](#) [Directions](#)

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