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:** ROMANO **First Name:** WADI 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:** 09/01/2024

**Medical Examiner's Signature:** [signature]

**Medical Examiner's Telephone Number:** (305) 888-6959

**Date Certificate Signed:** 09/01/2022

**Medical Examiner's Name** *(please print or type)*: Anielka 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:** [signature]

**Driver's License Number:** R550880613330

**Issuing State/Province:** FL

**Driver's Address**
Street Address: 1600 S LE JEUNE RD APT 10 City: CORAL GABLES State/Province: FL Zip Code: 33134

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

United States Department of Transportation

# FMCSA
Federal Motor Carrier Safety Administration

NATIONAL REGISTRY OF CERTIFIED MEDICAL EXAMINERS

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## Search Medical Examiners

City, State or Zipcode | 10 | Miles

National Registry Number: 8251269623

Business Name:

First Name:

Last Name:

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Previous Page | 1 of 1 | Next Page

**Ms. Anielka Escoto (Nurse Practitioner)**

**Health Care Center Of Miami**

7911 NW 72nd Ave Suite 111 Medley, FL 33166

(305) 888-6959 *N/A* Directions