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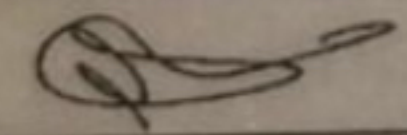
Medical Examiner's Certificate
(for Commercial Driver Medical Certification)

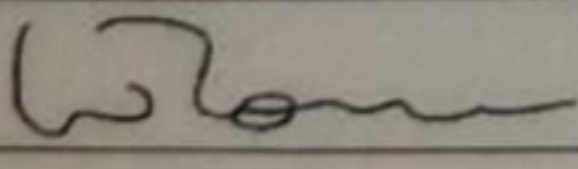
U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

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 ☐ 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)

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 	Medical Examiner's Telephone Number <u>(305) 888-6959</u>	Date Certificate Signed <u>09/01/2022</u>
Medical Examiner's Name (please print or type) <u>Anielka Escoto</u>	☐ MD ☐ Physician Assistant ☒ Advanced Practice Nurse ☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____	
Medical Examiner's State License, Certificate, or Registration Number <u>APRN9283850</u>	Issuing State <u>FL</u>	National Registry Number <u>8251269623</u>

Driver's Signature 	Driver's License Number <u>R550880613330</u>	Issuing State/Province <u>FL</u>
Driver's Address Street Address: <u>1600 S LE JEUNE RD APT 10</u> City: <u>CORAL GABLES</u> State/Province: <u>FL</u> Zip Code: <u>33134</u>	CLP/CDL Applicant/Holder ☒ Yes ☐ No	



Search Medical Examiners

National Registry Number

Business Name

8251269623

First Name

Last Name

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 **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](#) 

