



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

Public Burden Statement

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Medical Examiner's Certificate

(No Commercial Entry Medical Certificate)

I certify that I have examined Last Name: HERNANDEZ RIVERA First Name: LUIS In accordance with (please check only one):

☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.61-391.63) 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 391.61-391.63) with any applicable State variances (which will only be valid for interstate 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 _____ with/without 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

01/04/2028

Medical Examiner's Signature

Medical Examiner's Telephone Number

(305) 888-6959

Date Certificate Signed

01/04/2024

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

8281269623

Driver's Signature

Driver's License Number

H655521723320

Issuing State/Province

FL

Driver's Address

Street Address: 3041 W 18TH AVE APT 210

City: HIALEAH

State/Province: FL

Zip Code: 33012

CLP/CDS 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](#) 

