

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)**CMV DRIVER CERTIFICATION**

I certify that I have examined (**last name**) GALVEZ (**first name**) JOSE LUIS 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 (specify type): _____ ☐ 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)

Medical Examiner's Certificate Expiration Date

07/06/2024

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 INFORMATION

Medical Examiner's Signature



Medical Examiner's Telephone Number

786-518-3452

Date Certificate Signed

7/6/2022

Medical Examiner's Name (please print or type)

MARIA E CADIMA

☐ MD

☐ Physician Assistant

☒ Advanced Practice Nurse

☐ DO

☐ Chiropractor

☐ Other Practitioner (specify) _____

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

ARNP 2972502

Issuing State

Florida

National Registry Number

3352528299

CMV DRIVER INFORMATION

Driver's Signature



Driver's License Number

G 412 432 74 066 0

Issuing State/Province

Florida

Driver's Address

Street Address: 1470 NE 125 TER APT 601

City: NORTH MIAMI

State/Province: FL

Zip Code: 33161

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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10 Miles

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3352528299

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Ms. Maria Cadima (Nurse Practitioner)

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11300 NW 87 COURT # 149 HIALEAH
GARDENS, FL 33018

(786) 518-3452

N/A

Directions

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