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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:** BARROSO **First Name:** ROGER 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

08/24/2024

Medical Examiner's Signature

Medical Examiner's Telephone Number

(305) 888-6959

Date Certificate Signed

08/24/2022

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

Driver's License Number

46288872

Issuing State/Province

TX

Driver's Address

Street Address: 1200 HIDDEN VALLEY DRIVE #1323

City: ROUND ROCK

State/Province: TX

Zip Code: 78665

CLP/CDL Applicant/Holder

☒ Yes ☐ No





# FMCSA

Federal Motor Carrier Safety Administration

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## Search Medical Examiners

Miles

National Registry Number

8251269623

Business Name

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](#)



## Query Detail

### Query Overview

**Employer Conducting Query:** RIKI TRANSPORTATION INC (USDOT# 3119062)

**Query Result:** Driver Not Prohibited

**Query Status:** Completed (4/10/2024 8:53:02)

**Conducted By:** RADOSLAV KOVACEVIC | **Query Type:** Pre-employment | **Query Submitted:** Manually

#### Driver Information

**Name:** ROGER BARROSO

**Date of Birth:** 9/28/1967

**CDL/CLP ⓘ:** US-TX-46288872

#### Consent Information

**Requested:** 4/10/2024 8:48:36

**Recorded:** 4/10/2024 8:53:02

**Status:** Provided

#### Query History

**Created:** 4/10/2024 8:48:35

**Completed:** 4/10/2024 8:53:02

**Query Result:** Driver Not Prohibited

### LEARN MORE

 [The Return-to-Duty Process](#)

### Open Violations

**No Open Violations**