Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

I certify that I have examined Last Name: FALS GALINDO First Name: RAFAEL 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: 08/22/2025

Medical Examiner's Signature

Medical Examiner's Telephone Number: (305) 588-6959

Date Certificate Signed: 08/22/2023

Medical Examiner's Name (please print or type): Rosangel Santiago

(●) MD ( ) Physician Assistant ( ) Advanced Practice Nurse
( ) DO ( ) Chiropractor ( ) Other Practitioner (specify) _____

Medical Examiner's State License, Certificate, or Registration Number: ACN493

State: _____

National Registry Number: 5226647854

Driver's License Number: F424724624560

Issuing State/Province: FL

Street Address: 10727 NW 74TH TER **City:** MEDLEY **State/Province:** FL **Zip Code:** 33178

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

United States Department of Transportation

FMCSA
Federal Motor Carrier Safety Administration

NATIONAL REGISTRY OF CERTIFIED MEDICAL EXAMINERS

Search Medical Examiners

City, State or Zipcode | 10 | Miles

National Registry Number: 5226647854

Business Name:

First Name:

Last Name:

Basic Search | Search

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Dr. Rosangel Santiago (Medical Doctor)
Health Care Center Of Miami
7911 NW 72nd Ave. 111 Medley, FL 33166
(305) 888-6959 N/A Directions

Query Detail

Query Overview

Employer Conducting Query: ZIGI FREIGHT INC (USDOT# 2828543)

Query Result: Driver Not Prohibited

Query Status: Completed (5/3/2024 11:06:33)

Conducted By: Teodora Nikolic | **Query Type:** Pre-employment | **Query Submitted:** Manually

Driver Information

Name: RAFAEL FALS GALINDO
Date of Birth: 12/16/1962
CDL/CLP: US-FL-F424724624560

Consent Information

Requested: 5/3/2024 11:01:44
Recorded: 5/3/2024 11:06:33
Status: Provided

Query History

Created: 5/3/2024 11:01:44
Completed: 5/3/2024 11:06:33
Query Result: Driver Not Prohibited

Open Violations

No Open Violations

LEARN MORE

- The Return-to-Duty Process

Dr. Rosangel Santiago
(Medical Doctor)

Email Website

Practice Business Name
Health Care Center of Miami

Address
7911 NW 72nd Ave. 111 Medley, FL 33166

Hours of Operation
7:30am - 6pm

National Registry Number
5226647854

Certification Date
06/13/2022

Distance
N/A

Business Phone
(305) 888-6959

Business Fax Number
3055932517

Business Email
rosangel.santiago@hccmiami.com