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

Medical Examiner's Certificate
(See Commercial Driver Medical Certificate)I certify that I have examined Last Name: FALSI GALINDOFirst Name: RAFAEL

In accordance with (please check only one):

- ☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.43) 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 391.41-391.43) with any applicable State variances (which will only be valid for intrastate operation), 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 _____ ☐ Driving within an exempt intrastate zone (49 CFR 391.63) (Federal)
- ☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.61 (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) 888-5959

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

Issuing State

National Registry Number

5226647854

Driver's License Number

F424724624560

Issuing State/Province

FLStreet Address: 10727 NW 74TH TERCity: MEDLEYState/Province: FLZip Code: 33178

CLP/CDL Applicant/Holder

☒ Yes ☐ No



Search Medical Examiners

National Registry Number	Business Name
5226647854	
First Name	Last Name

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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

LEARN MORE

 The Return-to-Duty Process

Open Violations

No Open Violations



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

