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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: PERERA First Name: ARMANDO 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)
☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ (Federal)) Grandfathered from State requirements (State)

Medical Examiner's Certificate Expiration Date

05/02/2026

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 Signature

Medical Examiner's Telephone Number

(305) 888-6959

Date Certificate Signed

05/02/2024

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

FL

National Registry Number

5226847854

Driver's Signature

Driver's License Number

P860000593870

Issuing State/Province

FL

Driver's Address

Street Address: 4951 W 14 lane APT 201

City: HIALEAH

State/Province: FL

Zip Code: 33012

CLP/CDL Applicant/Holder

☒ Yes ☐ No



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National Registry Number

Business Name

5226647854

First Name

Last Name

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1 of 1

[Next Page](#)

 **Dr. Rosangel Santiago (Medical Doctor)**

 **Health Care Center Of Miami**

7911 NW 72nd Ave. 111 Medley, FL 33166

 (305) 888-6959

 N/A [Directions](#)





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



Query Detail

Query Overview

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

Query Result: Driver Not Prohibited

Query Status: Completed (5/8/2024 14:06:25)

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

Driver Information

Name: ARMANDO PERERA

Date of Birth: 10/27/1959

CDL/CLP ⓘ: US-FL-P660000593870

Consent Information

Requested: 5/8/2024 13:27:21

Recorded: 5/8/2024 14:06:25

Status: Provided

Query History

Created: 5/8/2024 13:27:21

Completed: 5/8/2024 14:06:25

Query Result: Driver Not Prohibited

LEARN MORE

 The Return-to-Duty Process

Open Violations

No Open Violations