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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:** Sanchez **First Name:** Roberto 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 Date09/07/2024**Medical Examiner's Signature****Medical Examiner's Name** (please print or type)Susan Exposito**Medical Examiner's State License, Certificate, or Registration Number**CH6400**Medical Examiner's Telephone Number**(786) 372-3950**Date Certificate Signed**09/07/2023☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse☐ DO ☒ Chiropractor ☐ Other Practitioner (specify) _____**Issuing State**Florida**National Registry Number**2843758148**Driver's Signature****Driver's License Number**S522720713720**Issuing State/Province**Florida**Driver's Address****Street Address:** 7539 Sw 164th CT**City:** Miami**State/Province:** FL**Zip Code:** 33193**CLP/CDL Applicant/Holder**☒ Yes ☐ No

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FMCSA

Federal Motor Carrier Safety Administration

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Dr. Susan Exposito (Doctor Of Chiropractic)

Chiropractic Clinics Of South Florida

14335 SW 120 st 102 Kendall, FL 33186

(786) 372-3950

N/A [Directions](#)





FMCSA

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Dr. Susan Exposito
(Doctor Of Chiropractic)



Email



Website

Practice Business Name

Chiropractic Clinics of South Florida

Address

14335 SW 120 st 102 Kendall, FL 33186

Hours of Operation

mon - fri 9:30am to 6:30pm

National Registry Number

2843758148

Certification Date

06/09/2016

Distance

N/A

Business Phone

(786) 372-3950

Business Fax Number

-

Business Email

susanexpo@yahoo.com



Query Detail

Query Overview

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

Query Result: Driver Not Prohibited

Query Status: Completed (5/20/2024 11:24:29)

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

Driver Information

Name: ROBERTO SANCHEZ PRADO
Date of Birth: 10/12/1971
CDL/CLP ⓘ: US-FL-S522720713720

Consent Information

Requested: 5/20/2024 11:14:01
Recorded: 5/20/2024 11:24:29
Status: Provided

Query History

Created: 5/20/2024 11:14:01
Completed: 5/20/2024 11:24:29
Query Result: Driver Not Prohibited

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Open Violations

No Open Violations