Form MCSA-5876

OMB No.: 2126-0006 Expiration Date: 12/31/2024

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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:** SANTIAGO **First Name:** DWAYNE 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 ☐ 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: 02/16/2026

Medical Examiner's Signature

Xpress Urgent Care | WPB
4475 Medical Center Way | Ste 103
West Palm Beach, FL 33407
Phone: (561)-781-8070
Fax: (561) 781-8077

Medical Examiner's Telephone Number: (561) 231-6999

Date Certificate Signed: 02/16/2024

Medical Examiner's Name *(please print or type)*: Latoya Howell

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

Medical Examiner's State License, Certificate, or Registration Number: APRN9319636

Issuing State: Florida

National Registry Number: 3574507085

Driver's Signature

Driver's License Number: S532-160-94-418-0

Issuing State/Province: Florida

Driver's Address
Street Address: 1572 W 31ST ST City: RIVIERA BEACH State/Province: FL Zip Code: 33404

CLP/CDL Applicant/Holder (•) Yes ( ) No

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Rev 1/5/22

FMCSA
Federal Motor Carrier Safety Administration

NATIONAL REGISTRY OF CERTIFIED MEDICAL EXAMINERS

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Mr. Latoya Howell
(Advanced Practice Registered Nurse)

Not accepting examination requests at this time. Please do not contact to schedule an examination.

National Registry Number	Certification Date
3574507085	11/07/2020