

Public Burden Statement

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

MEDICAL EXAMINER'S CERTIFICATE
(for Commercial Driver Medical Certification)

CMV DRIVER CERTIFICATION

I certify that I have examined (last name) Meleendez (first name) Oscar 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 (specify type): _____ ☐ 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)

Medical Examiner's Certificate Expiration Date

05/22/2026

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 INFORMATION

Medical Examiner's Signature

[Signature]

Medical Examiner's Telephone Number

(407) 201-2576

Date Certificate Signed

05/22/2024

Medical Examiner's Name (please print or type)

Maria Sanchez Avila

☒ MD

☐ Physician Assistant

☐ Advanced Practice Nurse

☐ DO

☐ Chiropractor

☐ Other Practitioner (specify) _____

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

ACN492

Issuing State

Florida

National Registry Number

2404579422

CMV DRIVER INFORMATION

Driver's Signature

[Signature]

Driver's License Number

453650863350

Issuing State/Province

FL

Driver's Address

Street Address: 64 las Brisas way

City: Kissimmee

State/Province: FL

Zip Code: _____

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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Email

Website

Practice Business Name
(Walking Clinic)

Address
3223 Hillsdale Lane Kissimmee, FL 34741

Hours of Operation
8:30 am to 5:00 pm

National Registry Number 2404579422	Certification Date 01/31/2024
Distance N/A	Business Phone (407) 201-2576
Business Fax Number -	
Business Email drasanchez202@yahoo.com	

