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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:** PACHECO TEJADA **First Name:** JOSUE 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 Date**

01/08/2026

**Medical Examiner's Signature****Medical Examiner's Name** (please print or type)

Rafael Baez

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

ME120375

**Medical Examiner's Telephone Number**

(561) 425-5075

**Date Certificate Signed**

01/08/2024

- ☒ MD ☐ Physician Assistant ☐ Advanced Practice Nurse  
☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) \_\_\_\_\_

**Issuing State**

Florida

**National Registry Number**

5599959260

**Driver's Signature****Driver's License Number**

P223424743610

**Issuing State/Province**

Florida

**Driver's Address**

Street Address: 838 PIPERS CAY DR City: WEST PALM BEACH State/Province: FL Zip Code: 33415

**CLP/CDL Applicant/Holder**

☒ Yes ☐ No

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**+** Dr. Rafael Baez Sr.  
(Medical Doctor)

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

**National Registry Number**  
5599959260

**Certification Date**  
04/11/2017

