

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

MEDICAL EXAMINER'S CERTIFICATE
(For Commercial Driver Medical Certifications)

U.S. Department of Transportation, Federal Motor Carrier Safety Administration, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, 202-366-7000

2. All

I certify that I have examined (last name) Chen (first name) AT/50140
the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.401) and, with knowledge of the above, in accordance with (please check only one):

☐ Qualified by operation of 49 CFR 391.65 (Federal)

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, conclusions and recommendations.

Medical Examiner's Signature _____ Medical Examiner's Telephone Number 325-333-1432 Date Certificate Issued 1/22/06

ME-81032 Issuing State: FL National Registry Number: 4901194254

Driver's Signature: *[Signature]* Driver's License Number: *603854183* Issuing State/Province: *KY*



 **Mr. Santiago Cardenas**
(Medical Doctor)



Email

Practice Business Name

Vida Health Care, Corp.

Address

881 E 2nd Ave Hialeah, FL 33010

Hours of Operation

monday to friday from 8am to 9pm, saturday from 8am to 4pm

National Registry Number Certification Date

4901194254

Certification Date

11/17/2015

Distance

N/A

Business Phone

(305) 882-1100

Business Fax Number

3058873273

Business Email

vidahealthcare1@gmail.com

