Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

I certify that I have examined Last Name: Lema First Name: Jorge in accordance with (please check only one):

- ● the Federal Motor Carrier Safety Regulations ( ) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):
- ○ the Federal Motor Carrier Safety Regulations ( ) 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 ( ) (Federal)
☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of _____ (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: 02/18/2025

Medical Examiner's Signature

Medical Examiner's Telephone Number: 239-931-1036

Date Certificate Signed: 02/18/2023

Medical Examiner's Name (please print or type): Dayami Rosales Fernandez

○ MD ○ Physician Assistant ● Advanced Practice Nurse
○ DO ○ Chiropractor ○ Other Practitioner (specify) _____

Medical Examiner's State License, Certificate, or Registration Number: APRN 9373627

Issuing State: Florida

National Registry Number: 6537266953

Driver's Signature

Driver's License Number: L500-492-82-418-0

Issuing State/Province: Florida

Driver's Address (Street Address): 2824 Yellow Creek LP Apt. 114 City: Cape Coral State/Province: FL Zip Code: 33909

CLP/CDL Applicant/Holder ● Yes ○ No

Ms. Dayami Rosales
(Advanced Practice Registered Nurse)

Email Website

Practice Business Name
La Salud Medical Center

Address
2970 University Pkwy Suite 104 Sarasota, FL 34243

Hours of Operation
9:30 am - 6:00 pm

National Registry Number
6537266953

Certification Date
07/25/2017

Distance
N/A

Business Phone
(941) 242-0934

Business Fax Number
9412420936

Business Email
dayamir@lasaludmedicalcenter.com

Business Website
la-salud-medical-center-doctor.business.site/