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 **Dr. Rachel Pandit (Medical Doctor)**
 **Advance Medical Of Naples**
720 Goodleete Rd N Suite 500 Naples, FL 34102
 (239) 566-7676  [N/A](#) [Directions?](#)





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U.S. DEPARTMENT OF TRANSPORTATION
Federal Motor Carrier Safety Administration
1200 NEW JERSEY AVENUE, SE
WASHINGTON, DC 20590
1-800-832-5660

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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:** RODRIGUEZ AGUADO **First Name:** NOEL 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 Date01/03/2026**Medical Examiner's Signature****Medical Examiner's Name** (please print or type)Rachel Pandit**Medical Examiner's State License, Certificate, or Registration Number**Me76480**Medical Examiner's Telephone Number**(239) 566-7676**Date Certificate Signed**01/03/2024☒ MD ☐ Physician Assistant ☐ Advanced Practice Nurse☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____**Issuing State**Florida**National Registry Number**6896103432**Driver's Signature****Driver's License Number**R362-627-70-172-0**Issuing State/Province**Florida**Driver's Address****Street Address:** 6380 RADIO RD LOT 69**City:** NAPLES**State/Province:** FL**Zip Code:** 34104**CLP/CDL Applicant/Holder**☒ Yes ☐ No

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Rev 1/5/22