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:** PEREZ **First Name:** ALEXIS 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
- ☐ Wearing hearing aid
- ☐ Accompanied by a _____ waiver/exemption
- ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate
- ☐ Driving within an exempt intracity zone (49 CFR 391.62) *(Federal)*
- ☐ 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: 01/04/2025

Medical Examiner's Signature: [signature]

Medical Examiner's Telephone Number: (305) 597-8707

Date Certificate Signed: 01/04/2024

Medical Examiner's Name *(please print or type)*: Maylin Moll Delgado

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

Medical Examiner's State License, Certificate, or Registration Number: APRN11024783

Issuing State: FL

National Registry Number: 9043440272

Driver's Signature: [signature]

Driver's License Number: P620001640290

Issuing State/Province: FL

Driver's Address
Street Address: 5350 W 22ND LN APT3 City: HIALEAH State/Province: FL Zip Code: 33016

CLP/CDL Applicant/Holder (●) Yes ( ) No

Mrs. Maylin Moll Delgado
(Advanced Practice Registered Nurse)

Email Website

Practice Business Name
Dot Solution Inc

Address
2555 nw 102nd ave unit 110 doral, FL 33172

Hours of Operation
-

National Registry Number
9043440272

Certification Date
03/24/2023

Distance
N/A

Business Phone
(305) 597-8707

Business Fax Number
3055978710

Business Email
maylinmoll@gmail.com