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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:** DE LA ROSA GARCIA **First Name:** ANGEL 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)

Medical Examiner's Certificate Expiration Date9/21/2025


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 Signature**Medical Examiner's Telephone Number**585-201-5598**Date Certificate Signed**9/21/2023**Medical Examiner's Name** (please print or type)Susan Domon☐ MD ☒ Physician Assistant ☐ Advanced Practice Nurse☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____**Medical Examiner's State License, Certificate, or Registration Number**013898**Issuing State**NY**National Registry Number**1507018396**Driver's Signature****Driver's License Number**37418272**Issuing State/Province**TX**Driver's Address**Street Address: 424 ASCENCION STREET**City:** EL PASO**State/Province:** TX**Zip Code:** 79928**CLP/CDL Applicant/Hold**☒ Yes ☐ No

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 **Mrs. Susan Domon**
(Physician Assistant)

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

National Registry Number
1507018396

Certification Date
12/03/2018



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U.S. DEPARTMENT OF TRANSPORTATION

Federal Motor Carrier Safety Administration

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