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Department of Transportation
Federal Motor Carrier
Safety Administration

Medical Examiner's Certificate (for Commercial Driver Medical Certification)

certify that I have examined Last Name: Merced CINTRON First Name: Juan 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 Date

4/25/25

Medical Examiner's Signature

Michelle Le

Medical Examiner's Name (please print or type)

Michelle Le

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

PA9116850

Medical Examiner's Telephone Number

407-207-0601

Date Certificate Signed

4/25/23

☐ MD

☒ Physician Assistant

☐ Advanced Practice Nurse

☐ DO

☐ Chiropractor

☐ Other Practitioner (specify) _____

Issuing State

Florida

National Registry Number

1966469525

Driver's Signature

Juan Merced CINTRON

Driver's License Number

M623-420-77-3350

Issuing State/Province

FL

Driver's Address

5547 Catlin Ave apt 4F

Street Address:

City:

Orlando

State/Province:

FL

Zip Code:

32812

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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Ms. Michelle Le
(Physician Assistant)



Email



Website

Practice Business Name
AdventHealth Centra Care

Address
5810 South Semoran Boulevard Orlando, FL 32822

Hours of Operation
-

National Registry Number	Certification Date
1966469525	03/06/2023

Distance	Business Phone
N/A	(407) 207-0601

Business Fax Number
-

Business Email
lisa.baber@adventhealth.com

