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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: Fajardo Mejia First Name: Jose 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) ☒
☐ 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
10/22/2023

Medical Examiner's Signature

Medical Examiner's Name (please print or type)
ROSA ALARCON

Medical Examiner's State License, Certificate, or Registration Number
APRN9419445

Medical Examiner's Telephone Number
(786) 558-8073

Date Certificate Signed
10/22/2021

- ☐ MD ☐ Physician Assistant ☒ Advanced Practice Nurse
☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____

Issuing State
FL

National Registry Number
4356093074

Driver's Signature

Driver's Address

Street Address: 201 Simpson Rd

City: Kissimmee

Driver's License Number
F263-421-68-375-0

Issuing State/Province
FL

State/Province: FL

Zip Code: 34744

CLP/CDL Applicant

☒ Yes ☐ No

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Mrs. Rosa Alarcon
(Nurse Practitioner)



Email



Website

Practice Business Name

Miami DOT Exams Corp

Address

7801 Coral Way Suite #114 Miami, FL 33155

Hours of Operation

m-f 9:00am-4:30pm sat 9:00am-1:00pm

National Registry Number Certification Date

4356093074 08/12/2020

Distance Business Phone

N/A (786) 558-8073

Business Fax Number

7865588190

Business Email

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Miami DOT Exams



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U.S. DEPARTMENT OF TRANSPORTATION
Federal Motor Carrier Safety Administration

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