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Department of Transportation
Federal Motor Carrier
Administration

Medical Examiner's Certificate

(For Commercial Driver Medical Certification)

I, the undersigned, being a duly licensed Medical Examiner for the State of _____, do hereby certify that I have examined **Last Name: NEGRIN** **First Name: YUNIER** in accordance with (please check only one):
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
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 391.6A (Federal)
☐ Grandfathered from State requirements (State)

Information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MC-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date
10/29/2023

Medical Examiner's Signature: **[Signature]**
Medical Examiner's Name (please print or type): **DELAISYS ENRIQUEZ**
Medical Examiner's State License, Certificate, or Registration Number: **ACN1106**
Medical Examiner's Telephone Number: **305 222 8338**
Date Certificate Signed: **10/29/2021**
☒ MD ☐ Physician Assistant ☐ Advanced Practice Nurse
☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____
Issuing State: **FL**
National Registry Number: _____

Driver's Signature: **[Signature]**
Driver's License Number: **N265960842420**
Issuing State/Province: **FL**
Driver's Address: **11382 SW 3 ST** City: **Miami** State/Province: **FL** Zip Code: **33174**
CLP/CDL Applicant/Holder: ☒ Yes ☐ No

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United States Department of Transportation

FMCSA

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Dr. Odelaisys Enriquez

(Medical Doctor)

Email

Website

Practice Business Name

MD Now urgent care

Address

2007 Palm Beach Lakes Blvd West Palm Beach, FL 33409

Hours of Operation

-

National Registry Number

8590037485

Certification Date

06/04/2019

Distance

N/A

Business Phone

(561) 420-8555

Business Fax Number

-

Business Email

oenriquez@mdnow.com

Business Website

mdnow.com

+

Google

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U.S. DEPARTMENT OF TRANSPORTATION

Federal Motor Carrier Safety Administration

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