

Public Burden Statement

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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: RODRIGUEZ First Name: RENE 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
11/21/2025

Medical Examiner's Signature

Medical Examiner's Name (please print or type)

Rosangel Santiago

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

ACN493

Medical Examiner's Telephone Number

(305) 888-6959

Date Certificate Signed

11/21/2023

☒ MD ☐ Physician Assistant ☐ Advanced Practice Nurse

☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____

Issuing State

FL

National Registry Number

5226647854

Driver's Signature

Driver's License Number

R362720731250

Issuing State/Province

FL

Driver's Address

Street Address: 9320 FONTAINEBLEAU BLUVD

City: MIAMI

State/Province: FL

Zip Code: 33172

CLP/CDL Applicant/Holder

☒ Yes ☐ No



 **Dr. Rosangel Santiago**
(Medical Doctor)



Email



Website

Practice Business Name

Health Care Center of Miami

Address

7911 NW 72nd Ave. 111 Medley, FL 33166

Hours of Operation

7:30am - 6pm

National Registry Number

5226647854

Certification Date

06/13/2022

Distance

N/A

Business Phone

(305) 888-6959

Business Fax Number

3055932517

Business Email

rosangel.santiago@hccmiami.com

 TAX MEDIC



 Alea's Immigration Services