

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: Cardona Blanco First Name: Julian 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) ☐ On
☐ 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

08/16/2024

Medical Examiner's Signature

Medical Examiner's Telephone Number

(786) 558-8973

Date Certificate Signed

08/16/2022

Medical Examiner's Name (please print or type)

ROSA ALARCON

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

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

APRN9419445

Issuing State

FL

National Registry Number

4356083074

Driver's Signature

Driver's License Number

C635-424-78-065-0

Issuing State/Province

FL

Driver's Address

Street Address: 4141 NE 26TH ST

City: Homestead

State/Province: FL

Zip Code: 33033

CLP/CCL Applicant/Holder

☒ 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

N/A

Business Phone

(786) 558-8073

Business Fax Number

7865588190

Business Email

dot305miami@gmail.com



Miami DOT Exams



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

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