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U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

MEDICAL EXAMINER'S CERTIFICATE

(For Commercial Driver Medical Certification)

CMV DRIVER CERTIFICATION

I certify that I have examined (last name) BUELOS (first name) EDUARDO

- ☒ 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 (specify type): _____
- ☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate
- ☐ Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
- ☐ 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 Signature [Signature] Date of Expiration 07/07/2025

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature [Signature]

Medical Examiner's Telephone Number

305-882-1100

Date of Expiration

07/07/2025

Medical Examiner's Name (please print or type)

Ricardo M. Negrin Marrero, NP

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

APRN-11000417

☐ MD ☐ Physician Assistant ☒ Advanced Practice Nurse

☐ DO ☐ Chiropractor

☐ Other Practitioner (specify) _____

Issuing State

FL

National Registry Number

9911461415

CMV DRIVER INFORMATION

Driver's Signature [Signature]

Driver's Address

Street Address

1101 NE 3rd AVE

City

Pompano Beach

State/Province

FL

Zip Code

33060

Issuing State/Province

FL

CLP/CDL Applicant/Holder

☒ Yes ☐ No



 **Ricardo Negrin Marrero**
(Nurse Practitioner)



Email



Website

Practice Business Name
Vida Health Center

Address
881 E 2nd Ave Hialeah, FL 33010

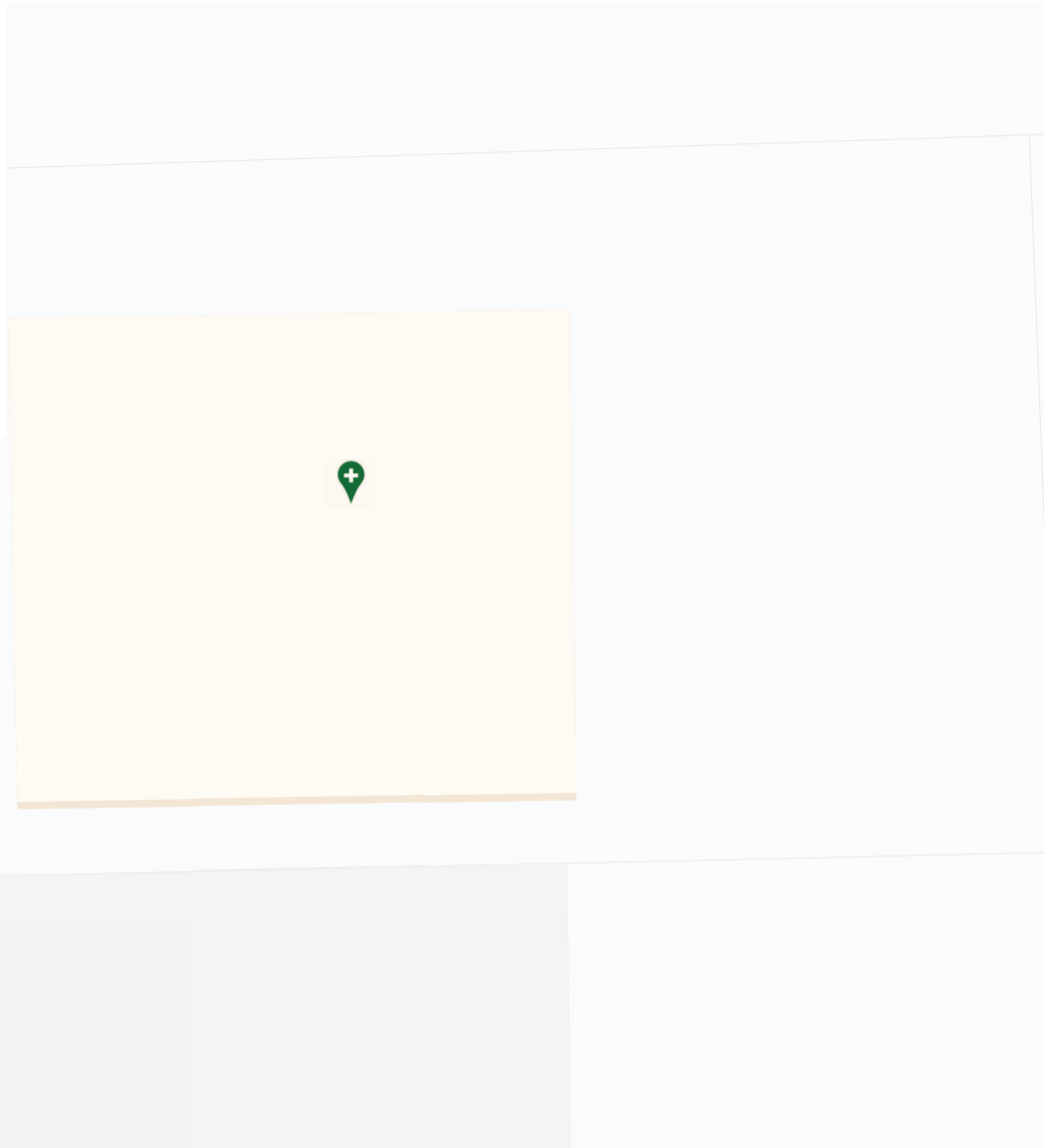
Hours of Operation
-

National Registry Number 9911461415
Certification Date 02/24/2022

Distance N/A
Business Phone (305) 882-1100

Business Fax Number
-

Business Email
jthealthcare1@gmail.com



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U.S. DEPARTMENT OF TRANSPORTATION
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