



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

Medical Examiner's Certificate
(for Commercial Driver Medical Certification)

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I certify that I have examined **Last Name:** PEREZ **First Name:** FERNANDO 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
☐ Wearing hearing aid

☐ Accompanied by a _____ waiver/exemption
☐ 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 Certificate Expiration Date
05/18/2024

Medical Examiner's Signature <u></u>	Medical Examiner's Telephone Number <u>(305) 597-8707</u>	Date Certificate Signed <u>05/18/2023</u>
Medical Examiner's Name (please print or type) <u>Maylin Moll Delgado</u>	<input type="radio"/> MD <input type="radio"/> Physician Assistant <input checked="" type="radio"/> Advanced Practice Nurse <input type="radio"/> DO <input type="radio"/> Chiropractor <input type="radio"/> Other Practitioner (specify) _____	
Medical Examiner's State License, Certificate, or Registration Number <u>APRN 11024783</u>	Issuing State <u>FL</u>	National Registry Number <u>9043440272</u>

Driver's Signature <u></u>	Driver's License Number <u>P621240651900</u>	Issuing State/Province <u>FL</u>
Driver's Address Street Address: <u>1855 W 60TH ST APT 248</u> City: <u>HIALEAH</u> State/Province: <u>FL</u> Zip Code: <u>33012</u>		
CLP/CDL Applicant/Holder <input checked="" type="radio"/> Yes <input type="radio"/> No		

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 **Mrs. Maylin Moll Delgado (Advanced Practice Registered Nurse)**

 **Dot Solution Inc**

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 [N/A Directions](#)

