Form MCSA-5876 (Revised 04/04/2017)

Medical Examiner's Certificate

CMV DRIVER CERTIFICATION

I certify that I have examined Last Name: PEREZ F. First Name: FERNANDO in accordance with (check only one):

- [x] 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):

- [x] 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 examination form with any attachment embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date: 05/07/2026

MEDICAL EXAMINER INFORMATION

Signature of Medical Examiner: [signature]	Medical Examiner's Telephone Number: 786-485-4191	Date Certificate Signed: 05/07/2024
Medical Examiner Name (please print or type): Ricardo M. Negrin Marrero, NP	○ MD ○ DO ○ Physician Assistant ○ Chiropractor	● Advanced Practice Nurse ○ Other Practitioner (specify)
Medical Examiner's State License, Certificate, or Registration Number: APRN-11006417	Issuing State: FL	National Registry Number: 9911461415

CMV DRIVER INFORMATION

Signature of Driver: [signature]	Driver's License Number: P-621-240-65-190-0	Issuing State/Province: Fl
Address of Driver: Street: 1855 W 60TH ST · APT 248 City: Hialeah	State/Province: Fl Zip Code: 33012	CLP/CDL Applicant/Holder: ● Yes ○ No

United States Department of Transportation

FMCSA
Federal Motor Carrier Safety Administration

NATIONAL REGISTRY OF CERTIFIED MEDICAL EXAMINERS

Home | Register | Find A Medical Examiner | Resource Center | Contact Us | Login

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