



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

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

I certify that I have examined Last Name: Saint Hilaire First Name: Edouard 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

07/25/2024

Medical Examiner's Signature

Medical Examiner's Telephone Number  
(386) 755-2268 Date Certificate Signed  
07/25/2023

Medical Examiner's Name (please print or type)

James Cartwright

☐ MD ☐ Physician Assistant ☒ Advanced Practice Nurse

☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) \_\_\_\_\_

Medical Examiner's State License, Certificate or Registration Number

APRN9294911

Issuing State

Florida

National Registry Number

8605443365

Driver's Signature

*Edouard Saint Hilaire*

Driver's License Number

SS34200663100

Issuing State/Province

Florida

Driver's Address

Street Address: 298 SW Carter Ave

City: Port St. Lucie

State/Province: FL

Zip Code: 34583

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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 **Mr. James Cartwright**  
(Advanced Practice Registered Nurse)



Email



Website

**Practice Business Name**

Baya Urgent Care

**Address**

1465 WEST US HIGHWAY 90 Lake City, FL 32055

**Hours of Operation**

-

**National Registry Number**

8605443365

**Certification Date**

09/14/2022

**Distance**

N/A

**Business Phone**

(386) 755-2268

**Business Fax Number**

-

**Business Email**

james.cartwright@outlook.com



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U.S. DEPARTMENT OF TRANSPORTATION

**Federal Motor Carrier Safety Administration**

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