

Form MCSA-5675

OMB No. 2125-0006

Expiration Date 12/31/2024

Please note, the expiration date on this form relates to the process for renewing the Information Collection Request that includes this form with the Office of Management and Budget. This requirement to collect information as requested on this form does not expire.

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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: Pironeau First Name: Roberts 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 the 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 391.52) (Federal)
- ☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.64 (State)
- ☐ Grandfathered from State requirements (State)

Medical Examiner's Certificate Expiration Date

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5675, with any attachments embodies my findings completely and correctly, and is on file in my office.

7-5-2024

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature

Medical Examiner Phone Number

305-217-7462

Date Certificate Signed

7-5-2023

Medical Examiner's Name

Rose-May Seide

☒ MD ☐ Physician Assistant ☐ Advanced Practical Nurse☐ DO ☐ Chiropractor ☐ Other Practitioner (specify)

Medical Examiner State Lic, Certificate, or Reg. Number

ME81771

Issuing State

FL

National Registry Number

6602242189

CMV DRIVER INFORMATION

Driver's Signature

Driver's Lic. Number

P650-720-82-1850

Issuing State/Province

Florida

Driver's Address

Street 19901 NE 14 Ct City Miami

State

FL

Zip Code

33179

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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Search Medical Examiners

City, State or Zipcode **10** Miles

National Registry Number Business Name
1104305519

First Name Last Name

Basic Search [Search](#)

[Previous Page](#) 1 of 1 [Next Page](#)

Mrs. Melissa Pelosi (Physician Assistant)
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(954) 378-0333 [N/A](#) [Directions](#)

