

Public Release Statement

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

Medical Examiner's Certificate  
(For Commercial Driver Medical Certificate)

I certify that I have examined Last Name Hernandez Botista Felix First Name Felix  
☒ 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) ☒   
☐ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for interstate 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 interstate zone (49 CFR 391.41-391.49) (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. I complete Medical Examination Report Form MCSA-5875, with any attachments, embodying my findings completely and correctly, and file in my office.

Medical Examiner's Signature [Signature] Medical Examiner's Telephone Number 305-825-8170  
Medical Examiner's Name (Print or type) CARLOS L. DELGADO  
Medical Examiner's State License, Certificate, or Registration Number ME65801  
Issuing State FLORIDA National Registry Number 3000735050

Driver's Signature [Signature] Driver's License Number H055240804190 FL  
Driver's Address 0405 W 24 AVENUE APT 105 State FL  
City Hialeah State FL ZIP 33016 CLP/CDL Applicant/Holder ☒ Yes ☐ No

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 **Dr. CARLOS DELGADO (Medical Doctor)**

 **CARLOS DELGADO MD PA**

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 (305) 825-8170

 N/A [Directions](#)



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