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

I certify that I have examined Last Name: LEYVA First Name: RENE 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 checked off that apply/ or find this person is qualified, and, if applicable, only when checked off 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: 11/01/2021

Medical Examiner's Signature 	Medical Examiner's Telephone Number <u>(305) 888-6989</u>	Date Certificate Signed <u>11/01/2021</u>
Medical Examiner's Name (please print or type) <u>Arnelka Escoto</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>9283850</u>	Issuing State <u>FL</u>	National Registry Number <u>8251209823</u>

Driver's Signature 	Driver's License Number <u>L10072064510</u>	Issuing State/Province <u>FL</u>
Driver's Address Street Address: <u>1900 W 54TH ST APT 317</u> City: <u>HALEAH</u> State/Province: <u>FL</u> Zip Code: <u>33012</u>	CLP/CDD Applicant/Holder <input checked="" type="radio"/> Yes <input type="radio"/> No	



Search Medical Examiners

City, State or Zipcode 10 Miles

National Registry Number Business Name

8251269623

First Name Last Name

Basic Search

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Ms. Anielka Escoto (Nurse Practitioner)

Health Care Center Of Miami

7911 NW 72nd Ave Suite 111 Medley, FL 33166

(305) 888-6959 [N/A Directions](#)

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