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

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

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 I 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 I check all that apply:


☐ Wearing corrective lenses ☐ Accompanied by a _____ waiver/exemption ☐ Driving within an exempt intracity zone (49 CFR 391.62 (Exempt))
☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.64 (Exempt)
☐ 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) 888-6959</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) _____	National Registry Number <u>8251209623</u>
Medical Examiner's State License, Certificate, or Registration Number <u>9283850</u>	Issuing State <u>FL</u>	

Driver's Signature 	Driver's License Number <u>L100720664510</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/CDL Applicant/Holder <input checked="" type="radio"/> Yes <input type="radio"/> No	



Search Medical Examiners



City, State or Zipcode

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Miles

National Registry Number

8251269623

Business Name

First Name

Last Name


Basic Search

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Ms. Escotka Escoto (Nurse Practitioner)



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N/A

