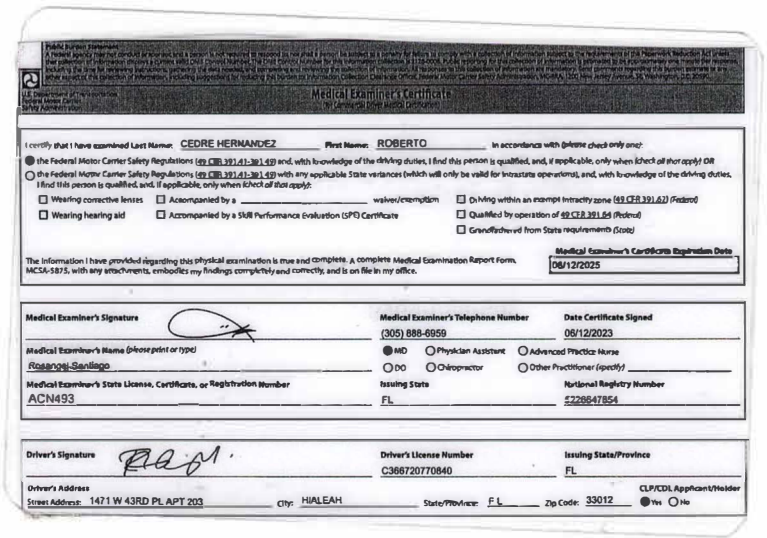


U.S. Department of Transportation
Federal Motor Carrier Safety Administration

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

I certify that I have examined Last Name: CEDRE HERNANDEZ First Name: ROBERTO 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: 06/12/2025

Medical Examiner's Signature

Medical Examiner's Telephone Number: (305) 888-6959

Date Certificate Signed: 06/12/2023

Medical Examiner's Name (please print or type): Rosangel Santiago

● MD ○ Physician Assistant ○ Advanced Practice Nurse
○ DO ○ Chiropractor ○ Other Practitioner (specify) _____

Medical Examiner's State License, Certificate, or Registration Number: ACN493

Issuing State: FL

National Registry Number: #226847854

Driver's Signature

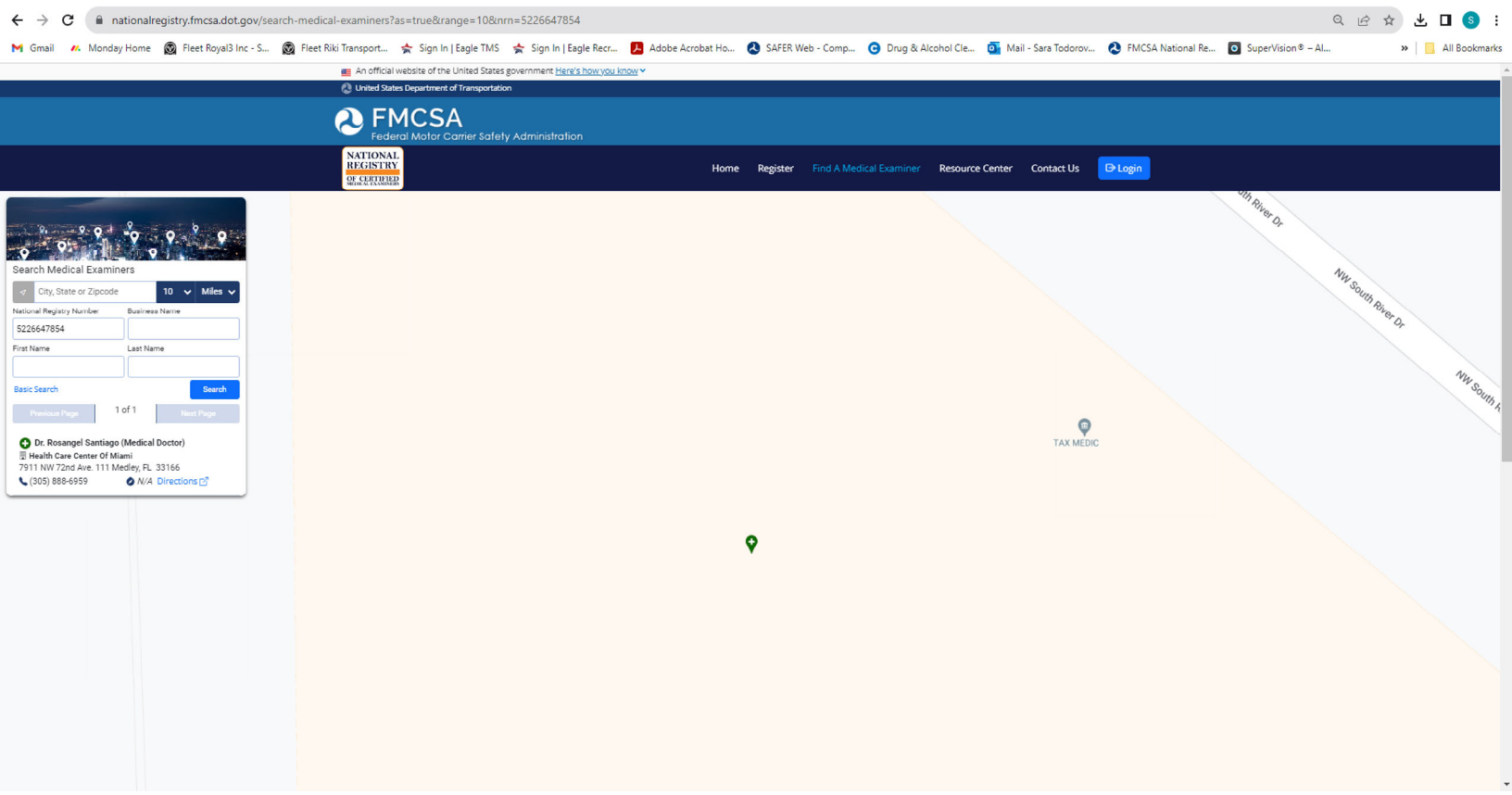
Driver's License Number: C366720770840

Issuing State/Province: FL

Driver's Address

Street Address: 1471 W 43RD PL APT 203 City: HIALEAH State/Province: FL Zip Code: 33012

CLP/CDL Applicant/Holder: ● Yes ○ No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FMCSA
Federal Motor Carrier Safety Administration
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Previous Page
1 of 1
Next Page
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Health Care Center Of Miami
7911 NW 72nd Ave. 111 Medley, FL 33166
(305) 888-6959
N/A
Directions
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