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:** MEDEROS DOMINGUEZ **First Name:** ANGEL 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
- ☐ Wearing hearing aid
- ☐ Accompanied by a _____ waiver/exemption
- ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate
- ☐ Driving within an exempt intracity zone (49 CFR 391.62) *(Federal)*
- ☐ 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: 05/22/2025

Medical Examiner's Signature _____

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

Date Certificate Signed: 05/22/2023

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: 5226647854

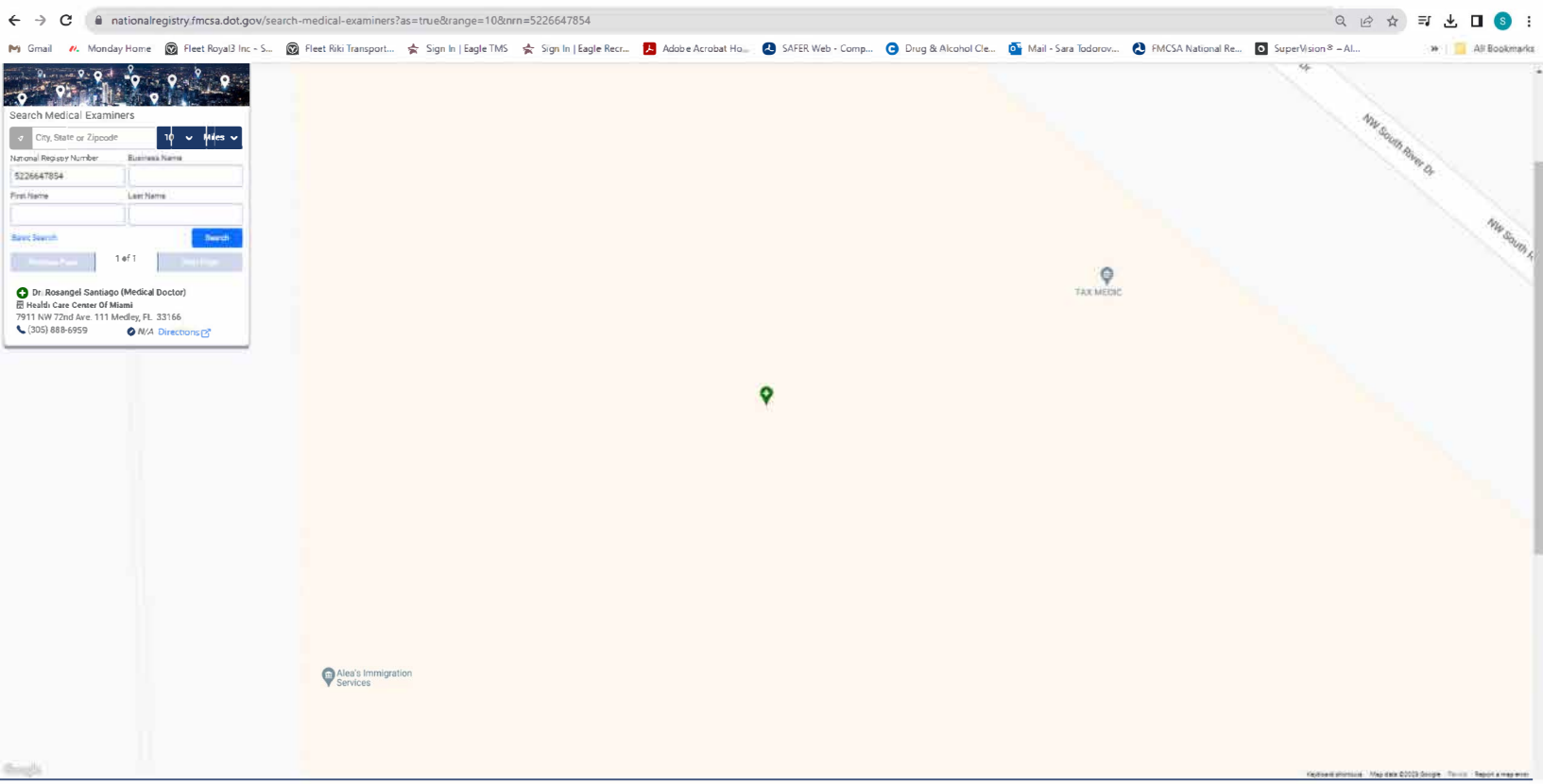
Driver's Signature _____

Driver's License Number: M362000692530

Issuing State/Province: FL

Driver's Address
Street Address: 13273sw 110th terrace City: Miami State/Province: FL Zip Code: 33186

CLP/CDL Applicant/Holder: (●) Yes ( ) No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1 of 1
Dr. Rosangel Santiago (Medical Doctor)
Health Care Center Of Miami
7911 NW 72nd Ave. 111 Medley, FL 33166
(305) 888-6959
N/A
Directions
NW South River Dr
TAX MEDIC
Alea's Immigration Services