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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:** LAREDO **First Name:** EDUARDO 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: 05/30/2025

Medical Examiner's Signature

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

Date Certificate Signed: 05/30/2023

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: 5226847854

Driver's Signature

Driver's License Number: L630216712960

Issuing State/Province: FL

Driver's Address
Street Address: 5884 MANGO RD City: WEST PALM BEACH State/Province: FL Zip Code: 33413

CLP/CDL Applicant/Holder (●) Yes ( ) No

United States Department of Transportation

FMCSA
Federal Motor Carrier Safety Administration

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Dr. Rosangel Santiago (Medical Doctor)
Health Care Center Of Miami
7911 NW 72nd Ave. 111 Medley, FL 33166
(305) 888-6959 N/A Directions

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