Public Burden Statement
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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:** GAROFALO **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
- [ ] 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
08/08/2025

Medical Examiner's Signature _____

Medical Examiner's Telephone Number
(305) 597-8707

Date Certificate Signed
08/08/2023

Medical Examiner's Name *(please print or type)*
Maylin Moll Delgado

- [ ] MD
- [ ] DO
- [ ] Physician Assistant
- [ ] Chiropractor
- [■] Advanced Practice Nurse
- [ ] Other Practitioner *(specify)* _____

Medical Examiner's State License, Certificate, or Registration Number
APRN 11024783

Issuing State
FL

National Registry Number
9043440272

Driver's Signature _____

Driver's License Number
G614200722900

Issuing State/Province
FL

Driver's Address:
Street Address: 15735 SW 82 ND ST City: MIAMI State/Province: FL Zip Code: 33193

CLP/CDL Applicant/Holder
[●] Yes [ ] No