

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:** MARIN RABI **First Name:** ERNESTO 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 Date05/18/2022**Medical Examiner's Signature****Medical Examiner's Telephone Number**(305) 888-6959**Date Certificate Signed**05/18/2021**Medical Examiner's Name (please print or type)**Anielka Escoto☐ MD☐ Physician Assistant☒ Advanced Practice Nurse☐ DO☐ Chiropractor☐ Other Practitioner (specify) _____**Medical Examiner's State License, Certificate, or Registration Number**9283850**Issuing State**FL**National Registry Number**8251269623**Driver's Signature****Driver's License Number**M656201730490**Issuing State/Province**FL**Driver's Address****Street Address:** 1085 W 76TH ST APT 10B**City:** HIALEAH**State/Province:** FL**Zip Code:** 33014**CLP/CDL Applicant/Holder**☒ Yes ☐ No