

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: Chacon Martin First Name: Leon 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 the 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 (State)
- ☐ Grandfathered from State requirements (State)

Medical Examiner's Certificate Expiration Date

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 Signature

Medical Examiner's Name

Medical Examiner State Lic. Certificate, or Reg. Number

Driver's Signature

Driver's Address

Medical Examiner Phone Number

Date Certificate Signed

- ☐ MD ☐ Physician Assistant ☒ Advanced Practical Nurse
- ☐ DO ☐ Chiropractor ☐ Other Practitioner (specify)

Issuing State

National Registry Number


Driver's Lic. Number

Issuing State/Province

CLP/CDL Applicant/Holder

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 **Yariel Zayas Moll**
(Nurse Practitioner)



Email



Website

Practice Business Name
Miami Hialeah Medical Group

Address
777 East 25th Street Ste 410 Hialeah, FL 33013

Hours of Operation
-

National Registry Number **Certification Date**
8982093022 10/16/2019

Distance **Business Phone**
N/A (305) 696-0842

Business Fax Number
3056962150

Business Email
miamihialeahmedicalgroup@msn.com

