



U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Public Burden Statement

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Medical Examiner's Certificate

(For Commercial Driver Medical Certification)

I certify that I have examined Last Name: ROVIROSA

First Name: Ricardo

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

06/17/2024

Medical Examiner's Signature

Medical Examiner's Telephone Number

(786)472-0230

Date Certificate Signed

06/17/2023

Medical Examiner's Name (please print or type)

Julio Cevares Alcantara

☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse

☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____

Issuing State

Florida

National Registry Number

9264895827

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

APRN 9377003

Driver's Signature

Driver's License Number

R162-720-73-007-0

Issuing State/Province

Florida

Driver's Address

5810 SW 149TH AVE

City:

Miami

State/Province:

FL

Zip Code:

33193

CLP/CDL Applicant/Holder

☒ Yes ☐ No

Street Address:



Search Medical Examiners

Miles

National Registry Number

Business Name

9264895827

First Name

Last Name

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+ Mr. Julio Cevares Alcantara (Nurse Practitioner)

Cevares Medical Care, LLC

757 NW 27TH Avenue Suite 201 Miami, FL 33125-3012

(786) 472-0230

N/A [Directions](#)



NW 27th