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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: Desinor First Name: Charlot 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

7-18-25

Medical Examiner's Signature

Medical Examiner's Name (please print or type)

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

Medical Examiner's Telephone Number

Date Certificate Signed

(239) 234-5623

7-18-23

☐ MD ☒ Physician Assistant ☐ Advanced Practice Nurse

☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____

Issuing State

National Registry Number

FL

2593290244

Driver's Signature

Driver's License Number

Issuing State/Province

D256100713000

FL

Driver's Address

Street Address:

2961 8th Ave SE

City:

Naples

State/Province:

FL

Zip Code:

34117

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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National Registry Number

Business Name

2593290244

First Name

Last Name

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 **Mrs. Lisbet Ogaza Ramirez (Advanced Practice Registered Nurse)**

 **Sunrise Medcare Center**

80 Wilson Blvd South Suite 11 Naples, FL 34117

 (239) 208-5390

 N/A [Directions](#)



Wilson Blvd