

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: 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
- 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
7-18-25

Medical Examiner's Signature

Medical Examiner's Name (please print or type)
Lisdet Ogaza

Medical Examiner's State License, Certificate, or Registration Number
APRN 9342418

Medical Examiner's Telephone Number
(239) 234-5623

Date Certificate Signed
7-18-23

- MD Physician Assistant Advanced Practice Nurse
- DO Chiropractor Other Practitioner (specify) _____

Issuing State
FL

National Registry Number
2593290244

Driver's Signature

Driver's License Number
D256100713000

Issuing State/Province
FL

Driver's Address
Street Address: 2961 8th Ave SE City: Naples State/Province: FL Zip Code: 34117 CLP/CDL Applicant/Holder Yes No



3:27



Search Medical Examiners

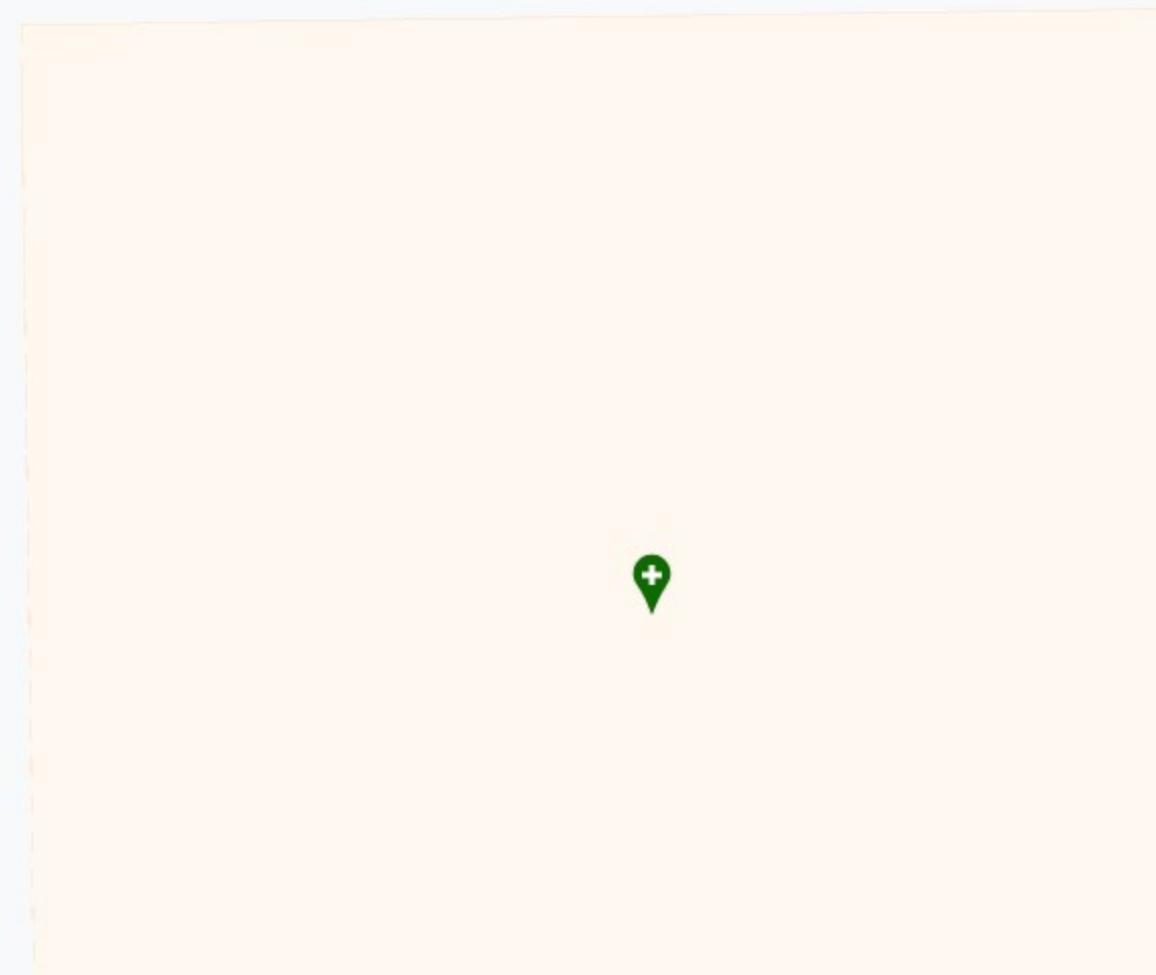
Miles

National Registry Number	Business Name
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First Name	Last Name
<input type="text"/>	<input type="text"/>

[Basic Search](#)

1 of 1

 **Mrs. Lisbet Ogaza Ramirez (Advanced Practice Registered Nurse)**
 **Sunrise Medicare Center**
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 (239) 208-5390  [N/A Directions](#) 



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