

## 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: RODRIGUEZ GALCERAN First Name: YUNIESKI 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

04/03/2025

Medical Examiner's Signature



Medical Examiner's Telephone Number

(305) 888-6959

Date Certificate Signed

04/03/2023

Medical Examiner's Name (please print or type)

Kenia Carbonell Muria

☐ MD ☐ Physician Assistant ☒ Advanced Practice Nurse

☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) \_\_\_\_\_

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

APRN9339297

Issuing State

FL

National Registry Number

8713200472

Driver's Signature



Driver's License Number

R362960753211

Issuing State/Province

FL

Driver's Address

Street Address: 321 SW 51 ST AVE

City: CORAL GABLES

State/Province: FL

Zip Code: 33134

CLP/CDL Applicant/Holder

☒ Yes ☐ No





FMCSA

Federal Motor Carrier Safety Administration



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### Search Medical Examiners

Miles

National Registry Number:  Business Name:

First Name:  Last Name:

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[Previous Page](#) 1 of 1 [Next Page](#)

**Kenia Carbonell Muria (Nurse Practitioner)**  
 **Health Care Center Of Miami**  
7911 NW 72 ave Miami, FL 33166  
 (305) 888-6959 N/A [Directions](#)



## Query Detail

### Query Overview

**Employer Conducting Query:** ZIGI FREIGHT INC (USDOT# 2828543)

**Query Result:** Driver Not Prohibited

**Query Status:** Completed (4/16/2024 11:12:15)

**Conducted By:** Teodora Nikolic | **Query Type:** Pre-employment | **Query Submitted:** Manually

#### Driver Information

**Name:** YUNIESKI RODRIGUEZ  
GALCERAN  
**Date of Birth:** 9/1/1975  
**CDL/CLP ⓘ:** US-FL-R362960753211


#### Consent Information

**Requested:** 4/16/2024 11:06:46  
**Recorded:** 4/16/2024 11:12:15  
**Status:** Provided

#### Query History

**Created:** 4/16/2024 11:06:46  
**Completed:** 4/16/2024 11:12:15  
**Query Result:** Driver Not Prohibited

### LEARN MORE

 The Return-to-Duty Process

### Open Violations

No Open Violations