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

**Medical Examiner's Certificate**  
(for Commercial Driver Medical Certificate)

I certify that I have examined **Last Name: Galviz-Minorta** **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 (391.64)

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

09/11/2025

Medical Examiner's Signature

*David Smerina*

Medical Examiner's Telephone Number

(800) 991-5197

Date Certificate Signed

09/11/2023

Medical Examiner's Name (please print or type)

David Smerina

☐ MD ☐ Physician Assistant ☒ Advanced Practice Nurse

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

Issuing State

NJ

National Registry Number

5656703395

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

26NJ00124500

Driver's Signature

*Ricardo Galviz*

Driver's License Number

G412721830120

Issuing State/Province

FL

Driver's Address

Street Address: 3140 Fiesta In

City: Jacksonville

State/Province: FL

Zip Code: 32277

CLP/CDL Applicant/Holder

☒ Yes ☐ No



**Mr. David Smerina**  
(Advanced Practice Registered Nurse)



Email



www.

Website

**Practice Business Name**

Infinity Medical Services LLC

**Address**

730 Airport Road Lakewood, NJ 08701

**Hours of Operation**

call for hours

**National Registry Number**

5656703395

**Certification Date**

03/25/2013

**Distance**

N/A

**Business Phone**

(800) 991-5197

**Business Fax Number**

8009910297

**Business Email**

info@infinitymd.org

**Business Website**

infinitymedicalsolutions.org

