

Medical Examiner's Certificate

The Commercial Driver Medical Certification

I certify that I have examined Last Name: HENITO PEREZ First Name: BLIEL 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):
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Wearing corrective lenses | <input type="checkbox"/> Accompanied by a _____ waiver/exemption | <input type="checkbox"/> Driving within an exempt intracity zone (49 CFR 391.62) (Federal) |
| <input type="checkbox"/> Wearing hearing aid | <input type="checkbox"/> Accompanied by a Skill Performance Evaluation (SPE) Certificate | <input type="checkbox"/> Qualified by operation of 49 CFR 391.64 (Federal) |
| | | <input type="checkbox"/> 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 _____

11/22/2025

Medical Examiner's Signature _____

Klass:

Medical Examiner's Telephone Number _____

811-752-1195

Data Certificate Signed

11/22/2023

Medical Examiner's Name (please print or type)

Kenneth Collins

☐ MD ☒ Physician Assistant ☐ Advanced Practice Nurse

☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____

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

PA9104475

Issuing State

FL

National Registry Number

5504346837

Driver's Signature _____

2

Driver's License Number

8531200820570

Issuing State/Province

FL

Driver's Address

Street Address: 3102 SAMMONDS RD

City PLANT CITY

State/Province: FL

Zip Code: 33563

CLP/CDL Applicant/Holder

☒ YES ☐ NO



FMCSA

Federal Motor Carrier Safety Administration

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Search Medical Examiners

National Registry Number

Business Name

5504346837

First Name

Last Name

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1 of 1

[Next Page](#)

Mr. Kenneth Collins (Physician Assistant)

Concentra Urgent Care

2303 N Airport Rd Plant City, FL 33563

(813) 752-1195

N/A [Directions](#)

Airport Rd ← Airport Rd ← Airport Rd ← Airport Rd ←
→ Airport Rd → Airport Rd → Airport Rd →





FMCSA

Federal Motor Carrier Safety Administration

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Mr. Kenneth Collins
(Physician Assistant)



Email



Website

Practice Business Name

Concentra Urgent Care

Address

2303 N Airport Rd Plant City, FL 33563

Hours of Operation

-

National Registry Number

5504346837

Certification Date

07/03/2014

Distance

N/A

Business Phone

(813) 752-1195

Business Fax Number

-

Business Email

kccollins@concentra.com

Airport Rd ← Airport Rd ← Airport Rd ← Airport Rd ← Airport Rd

→ Airport Rd → Airport Rd → Airport Rd → Airport Rd → A



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Query Detail

Query Overview

Employer Conducting Query: RIKI TRANSPORTATION INC (USDOT# 3119062)**Query Result:** Driver Not Prohibited**Query Status:** Completed (7/1/2024 8:45:53)**Conducted By:** RADOSLAV KOVACEVIC | **Query Type:** Pre-employment | **Query Submitted:** Manually**Driver Information****Name:** ELIEL BENITO PEREZ**Date of Birth:** 2/17/1982**CDL/CLP ⓘ:** US-FL-B531200820570**Consent Information****Requested:** 7/1/2024 8:42:55**Recorded:** 7/1/2024 8:45:53**Status:** Provided**Query History****Created:** 7/1/2024 8:42:55**Completed:** 7/1/2024 8:45:53**Query Result:** Driver Not Prohibited

LEARN MORE

 [The Return-to-Duty Process](#) ▼

Open Violations

No Open Violations