

## 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: Alueng First Name: Ernest 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 ☐ 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

06/09/2027

Medical Examiner's Signature

K Lamanna APRN-C

Medical Examiner's Telephone Number

401 362 2030

Date Certificate Signed

06/09/2025

Medical Examiner's Name (please print or type)

KATACRYA LAMANNA☐ MD ☐ Physician Assistant ☒ Advanced Practice Nurse  
☐ DO ☐ Chiropractor ☐ Other Practitioner (specify)

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

APRN 9378031

Issuing State

FL

National Registry Number

5010646419

Driver's Signature

[Signature]

Driver's License Number

A416200834540

Issuing State/Province

FL

Driver's Address


Street Address: 3034 Brookstone Ter City: DavenportState/Province: FLZip Code: 33837

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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←

**Mrs. KaTacey LaManna**  
(Nurse Practitioner)

Email Website

**Practice Business Name**  
CareSpot urgent care

**Address**  
2555 S. Kirkman Rd Orlando, FL 32811

**Hours of Operation**  
8-9

**National Registry Number**  
5010646419

**Certification Date**  
10/24/2023

**Distance**  
N/A

**Business Phone**  
(407) 362-2030

**Business Fax Number**  
4073622040

**Business Email**  
kataceya.lamanna@carespot.com

**Business Website**  
www.carespot.com

