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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: LEYVA GONZALEZ First Name: RAMON 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

05/22/2025

Medical Examiner's Signature

Medical Examiner's Telephone Number

(305) 888-6959

Date Certificate Signed

05/22/2023

Medical Examiner's Name (please print or type)

Anielka Escoto

☐ MD ☐ Physician Assistant ☒ Advanced Practice Nurse

☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____

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

APRN9283850

Issuing State

FL

National Registry Number

8251269623

Driver's Signature

Driver's License Number

L125721624520

Issuing State/Province

FL

Driver's Address

Street Address: 3945 SW 89TH AVE APT 403

City: MIAMI

State/Province: FL

Zip Code: 33185

CLP/CDL Applicant/Holder

☒ Yes ☐ No



Search Medical Examiners

 Miles

National Registry Number

Business Name

First Name

Last Name

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Ms. Anielka Escoto (Nurse Practitioner)

Health Care Center Of Miami

7911 NW 72nd Ave Suite 111 Medley, FL 33166

(305) 888-6959

N/A [Directions](#)

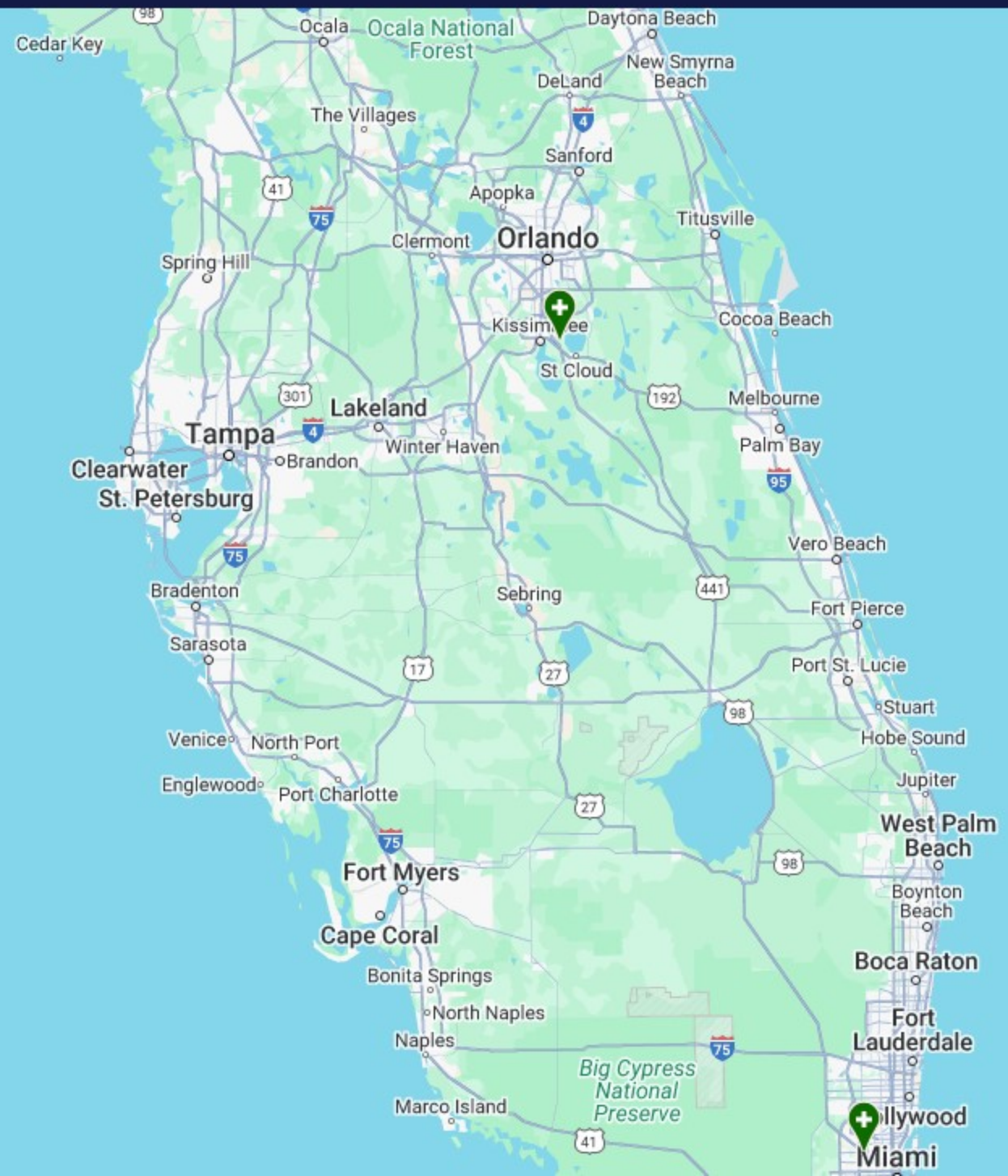
Ms. Anielka Escoto (Nurse Practitioner)

SDOC Center For Employee Health

831 Simpson Rd Kissimmee, FL 34744

(407) 483-5757

N/A [Directions](#)





Ms. Anielka Escoto
(Nurse Practitioner)



Email



Website

Practice Business Name

Health Care Center of Miami

Address

7911 NW 72nd Ave Suite 111 Medley, FL 33166

Hours of Operation

-

National Registry Number

8251269623

Certification Date

10/21/2019

Distance

N/A

Business Phone

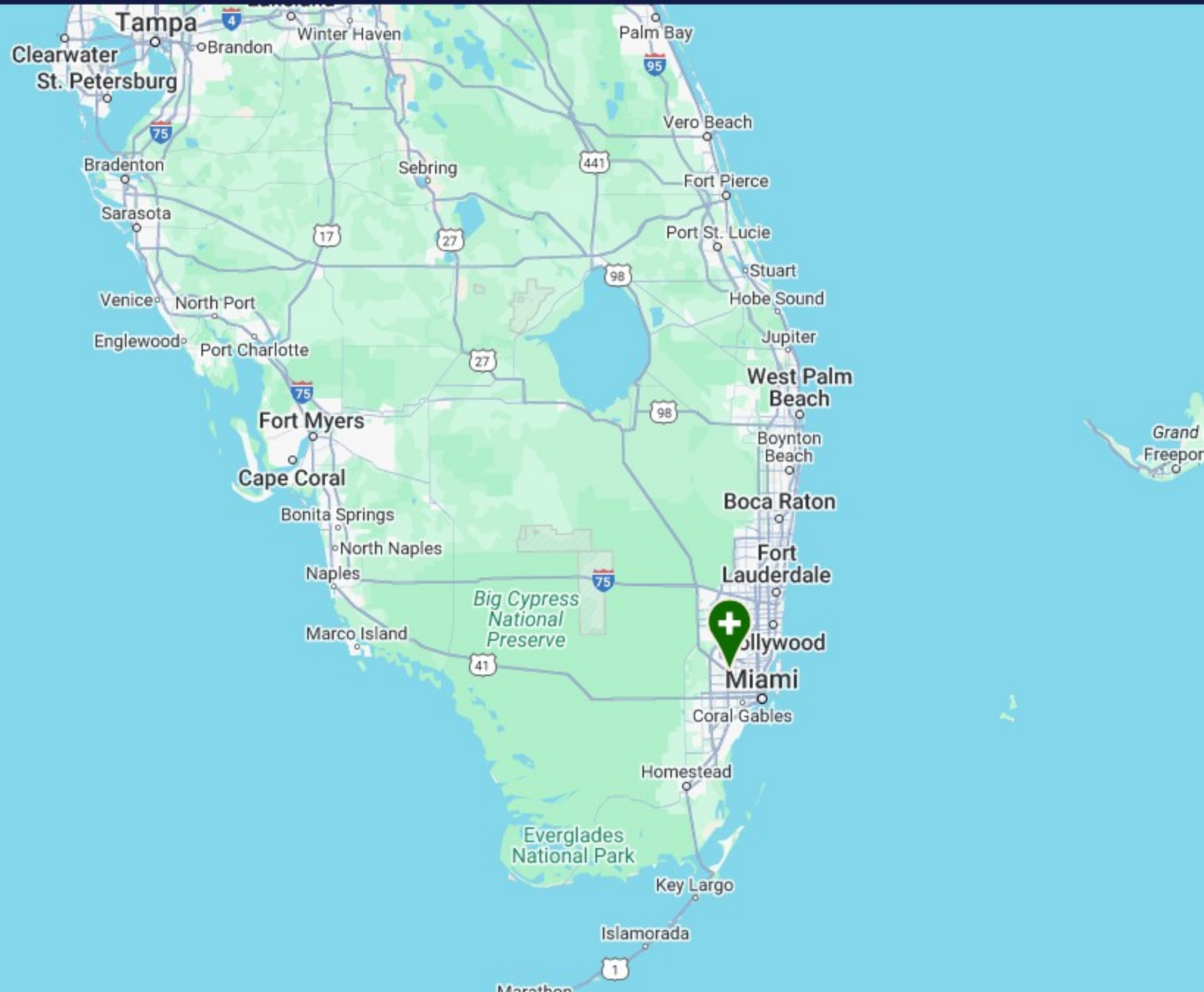
(305) 888-6959

Business Fax Number

-

Business Email

anielka.escoto@canohealth.com



Query Detail

Query Overview

Employer Conducting Query: RIKI TRANSPORTATION INC (USDOT# 3119062)

Query Result: Driver Not Prohibited

Query Status: Completed (9/3/2024 16:22:26)

Conducted By: RADOSLAV KOVACEVIC | **Query Type:** Pre-employment | **Query Submitted:** Manually

Driver Information

Name: RAMON LEYVA GONZALEZ

Date of Birth: 12/12/1962

CDL/CLP ⓘ: US-FL-L125721624520

Consent Information

Requested: 9/3/2024 16:20:05

Recorded: 9/3/2024 16:22:26

Status: Provided

Query History

Created: 9/3/2024 16:20:05

Completed: 9/3/2024 16:22:26

Query Result: Driver Not Prohibited

LEARN MORE

 The Return-to-Duty Process

Open Violations

No Open Violations