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
- [ ] Wearing hearing aid
- [ ] Accompanied by a _____ waiver/exemption
- [ ] Accompanied by a Skill Performance Evaluation (SPE) Certificate
- [ ] Driving within an exempt intracity zone (49 CFR 391.62) *(Federal)*
- [ ] 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 69TH AVE APT 403 City: MIAMI State/Province: FL Zip Code: 33165

CLP/CDL Applicant/Holder
(●) Yes ( ) No

Search Medical Examiners

City, State or Zipcode | 10 | Miles

National Registry Number: 8251269623

Business Name:

First Name:

Last Name:

Basic Search | Search

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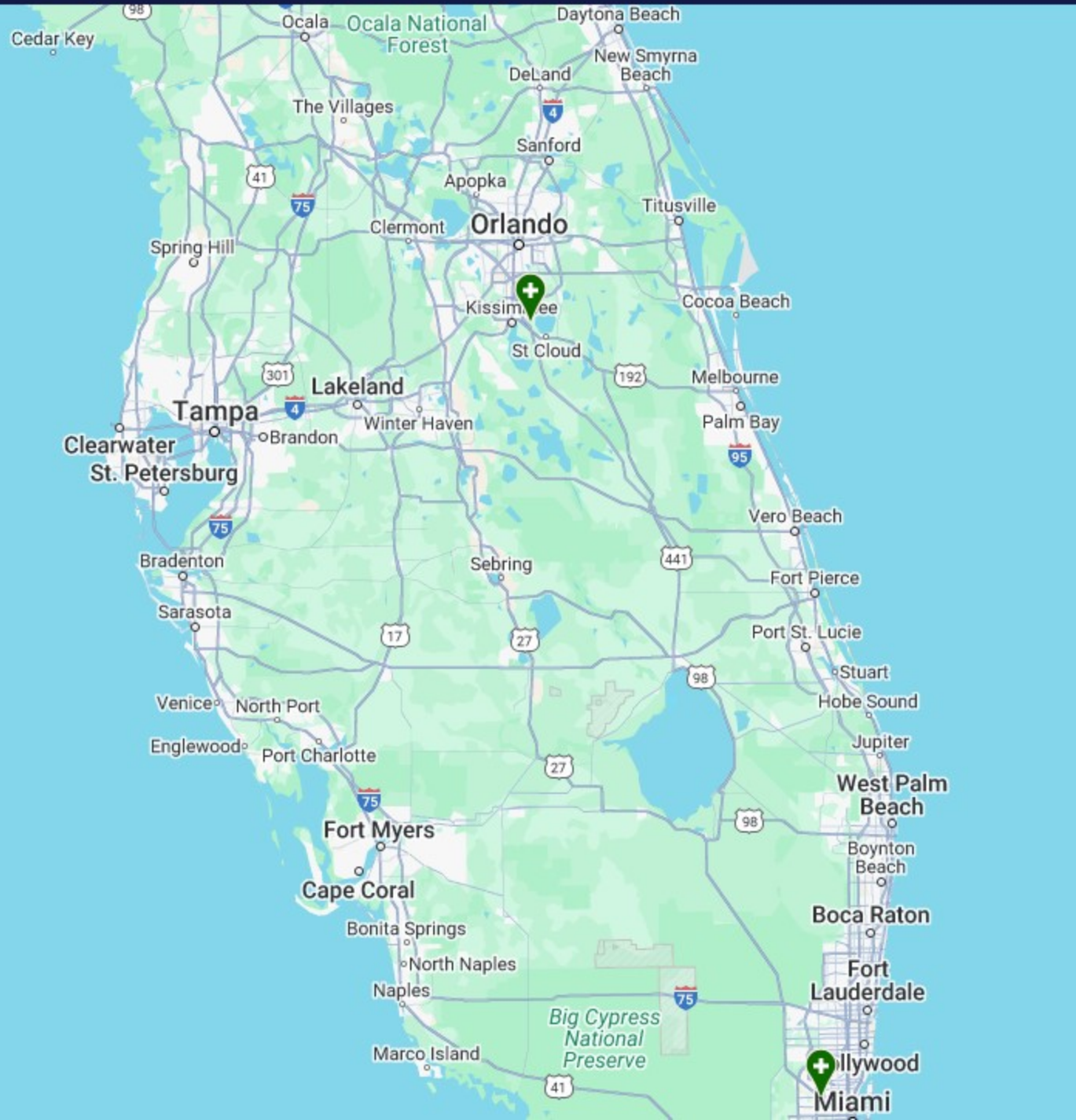
Ms. Anielka Escoto (Nurse Practitioner)
Health Care Center Of Miami
7911 NW 72nd Ave Suite 111 Medley, FL 33166
(305) 888-6959 *N/A* Directions

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

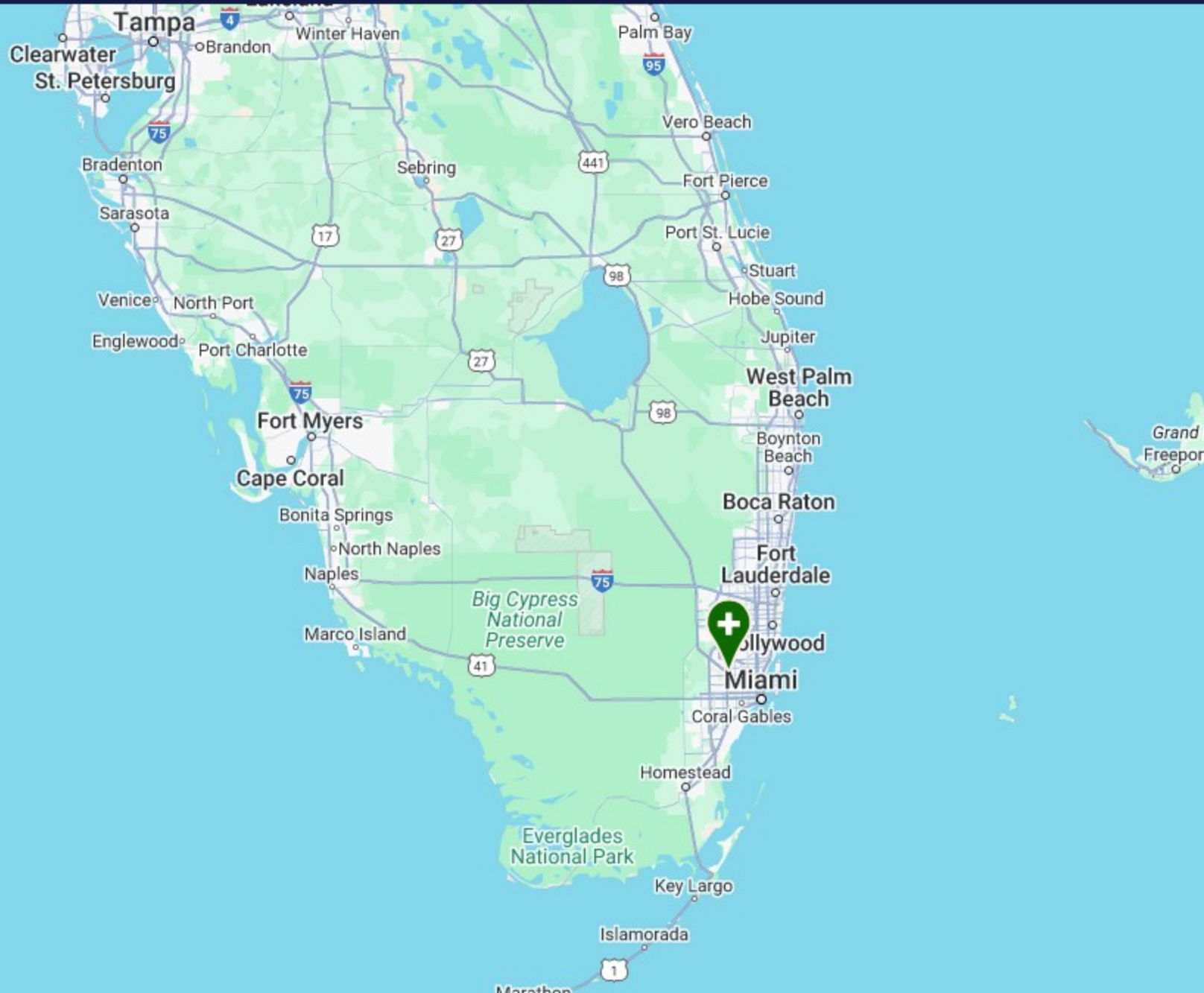
(305) 888-6959

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

Open Violations

No Open Violations

LEARN MORE

- The Return-to-Duty Process