

Public Burden Statement

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless this collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2125-0066. Public reporting for this collection of information is estimated to be approximately one minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Information Collection Clearance Office, Federal Motor Carrier Safety Administration, MC-98A, 1205 New Jersey Avenue, SE, Washington, D.C. 20590.



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:** Padron **First Name:** Yoenis 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 391.63) (if dual)
☐ 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

04/29/2025

Medical Examiner's Signature

Talia Adams

Medical Examiner's Telephone Number

(760) 216-6253

Date Certificate Signed

04/29/2024

Medical Examiner's Name (please print or type)

TALIA ADAMS

☐ MD ☒ Physician Assistant ☐ Advanced Practice Nurse

☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____

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

52515

Issuing State

CA

National Registry Number

3782024411

Driver's Signature

Yoenis Padron

Driver's License Number

P365-960-83-094-1

Issuing State/Province

FL

Driver's Address

Street Address: 1120 51st Ave e

City: Bradenton

State/Province: FL

Zip Code: 34203-0000

CLP/CDL Applicant/Holder

☒ Yes ☐ No

"This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements."



Search Medical Examiners

National Registry Number	Business Name
<input type="text" value="3782024411"/>	<input type="text"/>
First Name	Last Name
<input type="text"/>	<input type="text"/>

[Basic Search](#) [Search](#)

[Previous Page](#) 1 of 1 [Next Page](#)

Mrs. Talia Adams (Physician Assistant)
 828 Urgent Care
4171 Oceanside Blvd. Suite
109 Oceanside, CA 92056
 (760) 216-6253 N/A [Directions](#)

