Form MCSA-5876

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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:** Miranda **First Name:** Yeri 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 391.41–391.62) 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)

Medical Examiner's Certificate Expiration Date: 3/1/2025

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 Signature

Medical Examiner's Name (please print or type): Kristina Belanger

Medical Examiner's Telephone Number: (773) 306-2546

○ MD ○ Physician Assistant ☒ Advanced Practice Nurse
○ DO ○ Chiropractor ○ Other Practitioner (specify)

Date Certificate Signed: 3/1/2023

Medical Examiner's State License, Certificate, or Registration Number: 209.020757

Issuing State: IL

National Registry Number: 8206060399

Driver's Signature

Driver's License Number: M653-960-72-404-0

Issuing State/Province: FL

CLP/CDL Applicant/Holder: ☒ Yes ○ No

Driver's Address
Street Address: 1250 w ave apt 10D City: Miami beach State/Province: FL Zip Code: 33139

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Rev 3/29/22

Kristina Belanger
(Advanced Practice Registered Nurse)

Email Website

Practice Business Name
Velocity Urgent Care

Address
4374 New Town Ave #100 Williamsburg, VA 23188

Hours of Operation
-

National Registry Number
8206060399

Certification Date
09/10/2020

Distance
N/A

Business Phone
(757) 772-6124

Business Fax Number
7736978351

Business Email
kbelanger@velocityuc.com