



Medical Examiner's Certificate

I certify that I have examined Last Name: CRUZ VIOLAT First Name: ALLAN 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

06/21/2025

Medical Examiner's Signature

Medical Examiner's Telephone Number

(305) 888-6959

Date Certificate Signed

06/21/2023

Medical Examiner's Name (please print or type)

Kenia Carbonell Muria

- ☐ MD ☐ Physician Assistant ☒ Advanced Practice Nurse
☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____

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

APRN9339297

Issuing State

FL

National Registry Number

8713200472

Driver's Signature

Driver's License Number

C821000910880

Issuing State/Province

FL

Driver's Address

Street Address: 2970 NW 152ND TER

City: OPALOCKA

State/Province: FL

Zip Code: 33054

CLP/CDL Applicant/Holder

☒ Yes ☐ No



 Kenia Carbonell Muria
(Nurse Practitioner)



Email



Website

Practice Business Name
Health Care Center of Miami

Address
7911 NW 72 ave Miami, FL 33166

Hours of Operation
-

National Registry Number	Certification Date
8713200472	11/29/2018

Distance	Business Phone
N/A	(305) 888-6959

Business Fax Number
-

Business Email
gus@healthcarecentermiami.com

 TAX MEDIC



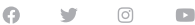
 Alea's Immigration Services



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U.S. DEPARTMENT OF TRANSPORTATION
Federal Motor Carrier Safety Administration
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WASHINGTON, DC 20590
1-800-832-5660

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