

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 that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. 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 Officer, Federal Motor Carrier Safety Administration, MC-800A, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

Medical Examiner's Certificate
(for Commercial Driver Medical Certification)

U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

I certify that I have examined **Last Name:** GARCIA ALVAREZ **First Name:** CARLOS 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.

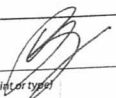
I find this person is qualified, and, if applicable, only when (check all that apply):

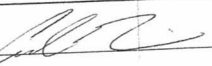
| | | |
|--|--|---|
| <input type="checkbox"/> Wearing corrective lenses | <input type="checkbox"/> Accompanied by a _____ waiver/exemption | <input type="checkbox"/> Driving within an exempt intracity zone (<u>49 CFR 391.62</u>) (Federal) |
| <input type="checkbox"/> Wearing hearing aid | <input type="checkbox"/> Accompanied by a Skill Performance Evaluation (SPE) Certificate | <input type="checkbox"/> Qualified by operation of <u>49 CFR 391.64</u> (Federal) |
| | | <input type="checkbox"/> 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

03/18/2024

| | | |
|--|---|--|
| Medical Examiner's Signature  | Medical Examiner's Telephone Number <u>(561) 688-5808</u> | Date Certificate Signed <u>03/18/2022</u> |
| Medical Examiner's Name (please print or type) <u>Yurelsy Galvez Ricardo</u> | <input checked="" type="radio"/> MD <input type="radio"/> Physician Assistant <input type="radio"/> Advanced Practice Nurse <input type="radio"/> DO <input type="radio"/> Chiropractor <input type="radio"/> Other Practitioner (specify) _____ | |
| Medical Examiner's State License, Certificate, or Registration Number <u>ACN1190</u> | Issuing State <u>Florida</u> | National Registry Number <u>1794198885</u> |

| | | |
|---|---|---|
| Driver's Signature  | Driver's License Number <u>G624116914440</u> | Issuing State/Province <u>Florida</u> |
| Driver's Address Street Address: <u>31 ALLEN ST</u> City: <u>RIVIERA BEACH</u> State/Province: <u>FL</u> Zip Code: <u>33404</u> | <input checked="" type="radio"/> Yes <input type="radio"/> No CLP/CDL Applicant/Holder | |

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.

Rev 1/5/22



Dr. Yurelsy Galvez Ricardo
(Medical Doctor)



Email



Website



Direction

Practice Business Name

MD Now Urgent Care

Address

2007 Palm Beach Lakes West Palm Beach, FL 33409

Hours of Operation

-

National Registry Number

1791198885

Certification Date

06/06/2020

Distance

N/A

Business Phone

(561) 688-5808

Business Fax Number

-

Business Email

yricardo@mdnow.com