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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:** Carrion Victoriano **First Name:** Amaury 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**

10/24/2025

**Medical Examiner's Signature****Medical Examiner's Telephone Number**

352-237-3536

**Date Certificate Signed**

10/24/2023

**Medical Examiner's Name (please print or type)**

Joanne Kemp APRN

- ☐ MD ☐ Physician Assistant ☒ Advanced Practice Nurse  
☐ DO ☐ Chiropractor ☐ Other Practitioner (Specify) \_\_\_\_\_

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

APRN9190988

**Issuing State**

Florida

**National Registry Number**

5706491804

**Driver's Signature****Driver's License Number**

C651-000-86-219-0

**Issuing State/Province**

FL

**Driver's Address**

Street Address 26 Spruce Ter

City: Ocala

State/Province: FL

Zip Code: 34472

**CLP/CDL Applicant/Holder**☒ Yes ☐ No

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# FMCSA

Federal Motor Carrier Safety Administration



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 **Mrs. Joanne Kemp**  
(Advanced Practice Registered Nurse)



Email



Website

**Practice Business Name**

Care Spot Express Healthcare

**Address**

2415 SW College Rd Ocala, FL 34474

**Hours of Operation**

-

**National Registry Number**

5706491804

**Certification Date**

05/07/2020

**Distance**

N/A

**Business Phone**

(352) 237-3536

**Business Fax Number**

-

**Business Email**

joanne.kemp@carespot.com

