

Public Burden Statement	
<p>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 25 minutes 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-RRA, 1200 New Jersey Avenue, SE, Washington D.C. 20590</p>	
<p>U.S. Department of Transportation Federal Motor Carrier Safety Administration</p>	
<h3>Medical Examiner's Certificate</h3> <p>(for Commercial Driver Medical Certification)</p>	
<p>I certify that I have examined Last Name: <u>Somora</u> First Name: <u>Alvaro J</u> in accordance with (please check only one)</p>	
<p><input checked="" type="radio"/> the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find the person is qualified, and if applicable only when (check all that apply) OR</p>	
<p><input type="radio"/> 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):</p>	
<p><input checked="" type="checkbox"/> Wearing corrective lenses</p>	<p><input type="checkbox"/> Accompanied by a _____ waiver/exemption</p>
<p><input type="checkbox"/> Wearing hearing aid</p>	<p><input type="checkbox"/> Accompanied by a Skill Performance Evaluation (SPE) certificate</p>
<p><input type="checkbox"/> Driving within an exempt intracity zone (49 cfr 391.62) (Federal)</p>	
<p><input type="checkbox"/> Qualified by operation of 49 CFR 391.64 (State)</p>	
<p><input type="checkbox"/> Grandfathered from State requirements (State)</p>	
<p>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.</p>	
<p>Medical Examiner's Signature: <u>[Signature]</u></p>	
<p>Medical Examiner's Name: <u>Yareel Zayas Moll</u></p>	
<p>Medical Examiner State Lic, Certificate, or Reg. Number: <u>APRN 9373320</u></p>	
<p>Driver's Signature: <u>[Signature]</u></p>	
<p>Driver's Address: <u>3136 NW 26th St Apt B Miami FL</u></p>	
<p>Medical Examiner Phone Number: <u>305 696 0842</u></p>	
<p>Date Certificate Signed: <u>5/4/2023</u></p>	
<p>Issuing State: <u>FL</u> National Registry Number: <u>8982093022</u></p>	
<p>Driver's Lic. Number: <u>5520 01070 0900</u> Issuing State/Province: <u>FL</u></p>	
<p>CLP/GDL Applicant/Holder: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	

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 **Yariel Zayas Moll**
(Nurse Practitioner)



Email



Website

Practice Business Name
Miami Hialeah Medical Group

Address
777 East 25th Street Ste 410 Hialeah, FL 33013

Hours of Operation
-

National Registry Number **Certification Date**
8982093022 10/16/2019

Distance **Business Phone**
N/A (305) 696-0842

Business Fax Number
3056962150

Business Email
miamihiialeahmedicalgroup@msn.com

