

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

I certify that I have examined MARTINEZ Last Name: DAYTON First Name: DAYTON 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 391.63) (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
6/19/24

Medical Examiner's Signature

Medical Examiner's Name (Please print or type)

Peter Molina, PA-C

Medical Examiner's State License, Certificate or Registration Number

PA9111481

Medical Examiner's Telephone Number
(305) 301-8550

Date Certificate Signed

6/19/23

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

Issuing State

FL

National Registry Number

7154750880

Driver's Signature

Driver's Address

Street Address:

1390 NW 24th

City:

Miami

State/Province:

FL

Zip Code

33125

CEP/COL Applicant/Holder

☒ Yes ☐ No

Driver's License Number

C213/60843820

Issuing State/Province

FL



 **Mr. Peter Molina**
(Physician Assistant)



Email



Website

Practice Business Name

Acevedo Medical Group

Address

2400 NW 54th St miami, FL 33142

Hours of Operation

-

National Registry Number

7154750880

Certification Date

12/01/2018

Distance

N/A

Business Phone

(305) 633-9090

Business Fax Number

-

Business Email

acevedo.urgentcare@gmail.com

Business Website

acevedomedicalcaregroup.com/



Map data ©2023 Google [Report a map error](#)

U.S. DEPARTMENT OF TRANSPORTATION

Federal Motor Carrier Safety Administration

1200 NEW JERSEY AVENUE, SE

WASHINGTON, DC 20590

1-800-832-5660

Subscribe To Email Updates



About

[About FMCSA](#)

[Regulations](#)

[Safety](#)

[Analysis](#)

[FMCSA Portal](#)

News and Events

[FMCSA Newsroom](#)

[Press Releases](#)

[Speeches](#)

[Testimony](#)

[Emergency Declarations](#)

Resources

[Career Center](#)

[Resources for Carriers](#)

[Resources for Consumers](#)

[Resources for Drivers](#)

[Forms](#)

Policies, Rights, Legal

[About DOT](#)

[Budget and Performance](#)

[Civil Rights](#)

[FOIA](#)

[Information Quality](#)