



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

**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 if it does not display a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting burden for this collection of information is estimated to be approximately one hour 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: Medical Programs Division, Federal Motor Carrier Safety Administration, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

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

I certify that I have examined **Last Name:** REMY **First Name:** TAMSEN 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 ☐ 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**

5/19/2027

**Medical Examiner's Signature**

Kim Miner

**Medical Examiner's Telephone Number**

561-295-8822

**Date Certificate Signed**

5/19/2025

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

Kim Miner

☐ MD ☐ Physician Assistant ☒ Advanced Practice Nurse

☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) \_\_\_\_\_

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

APRN11009869

**Issuing State**

FL

**National Registry Number**

6346030513

**Driver's Signature**

R3

**Driver's License Number**

R500-818-82-012-0

**Issuing State/Province**

FL

**Driver's Address**

Street Address: 7927 NW GREENBACK CIRCLE

City: PORT ST LUCIE


State/Province: FL

Zip Code: 34987


**CLP/CDL Applicant/Holder**


☒ Yes ☐ No






←

 **Mrs. Kim Miner**  
(Nurse Practitioner)

 Email

 Website

**Practice Business Name**  
Md Now Urgent Care

**Address**  
2534 PGA Blvd Palm Beach Gardens, FL 33410

**Hours of Operation**  
-

<b>National Registry Number</b>	<b>Certification Date</b>
6346030513	09/30/2024
<b>Distance</b>	<b>Business Phone</b>
N/A	(561) 295-8822
<b>Business Fax Number</b>	
-	
<b>Business Email</b>	
kminer@mdnow.com	

