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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: GONZALEZ RODRIGUEZ First Name: WILFREDO 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)

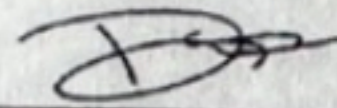
☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.64 (Federal)

☐ 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
12/21/2025

Medical Examiner's Signature



Medical Examiner's Name (please print or type)

Kenia Carbonell Muria

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

APRN9339297

Medical Examiner's Telephone Number

(305) 888-6859

Date Certificate Signed

12/21/2023

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

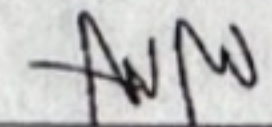
Issuing State

FL

National Registry Number

8713200472

Driver's Signature



Driver's License Number

G524-880-86-012-0

Issuing State/Province

FL

Driver's Address

Street Address: 10862 SW 243 RD LN

City: HOMESTEAD

State/Province: FL

Zip Code: 33032

CLP/CDL Applicant/Holder

☒ Yes ☐ No



Search Medical Examiners

National Registry Number

Business Name

8713200472

First Name

Last Name

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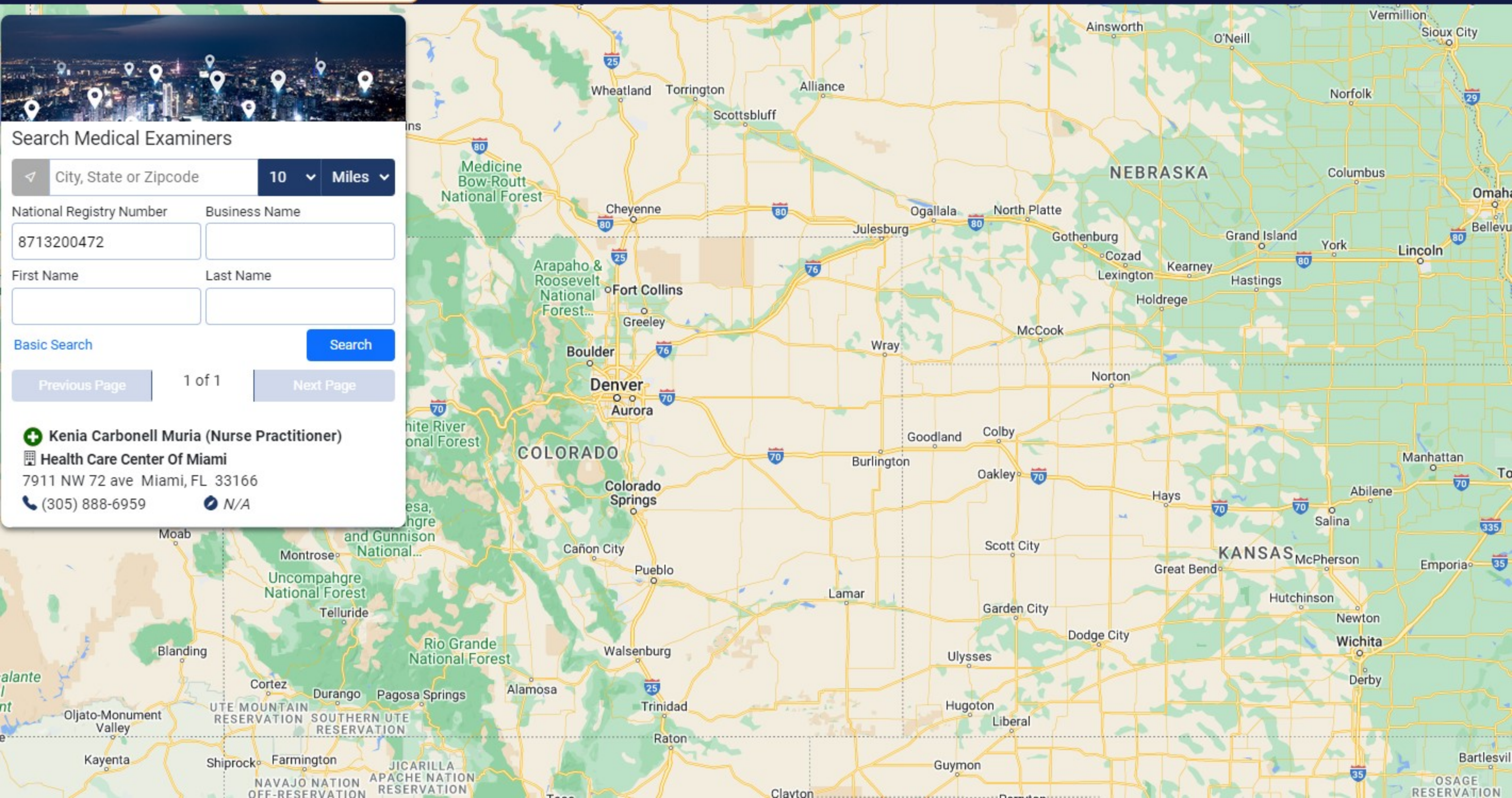
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 **Kenia Carbonell Muria (Nurse Practitioner)**

 **Health Care Center Of Miami**

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 (305) 888-6959  N/A



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Query Detail

Query Overview

Employer Conducting Query: RIKI TRANSPORTATION INC (USDOT# 3119062)**Query Result:** Driver Not Prohibited**Query Status:** Completed (4/22/2024 10:51:18)**Conducted By:** RADOSLAV KOVACEVIC | **Query Type:** Pre-employment | **Query Submitted:** Manually**Driver Information****Name:** WILFREDO GONZALEZ
RODRIGUEZ**Date of Birth:** 1/12/1986**CDL/CLP ⓘ:** US-FL-G524880860120**Consent Information****Requested:** 4/22/2024 10:46:48**Recorded:** 4/22/2024 10:51:18**Status:** Provided**Query History****Created:** 4/22/2024 10:46:48**Completed:** 4/22/2024 10:51:18**Query Result:** Driver Not Prohibited

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 [The Return-to-Duty Process](#)

Open Violations

No Open Violations