

Public Burden Statement

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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:** Merino Campos **First Name:** Julio 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 Date11/13/2025**Medical Examiner's Signature**Kathy Monroe**Medical Examiner's Telephone Number**(832) 232-1702**Date Certificate Signed**11/13/2023**Medical Examiner's Name (please print or type)**Kathy Monroe

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

Medical Examiner's State License, Certificate, or Registration NumberAPRN9333500**Issuing State**FL**National Registry Number**4169384668**Driver's Signature**[Signature]**Driver's License Number**47369338**Issuing State/Province**TX**Driver's Address**

Street Address: 1272 Pfundstein Rd City: Babson park State/Province: FL Zip Code: 33827

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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Rev
3/29/22

Escaneado con CamScanner



 **Ms. Kathy Monroe**
(Nurse Practitioner)



Email



Website

Practice Business Name
DOT Exam Tampa

Address
TravelCenters of America 11706 Tampa Gateway
Blvd Tampa, FL 33584

Hours of Operation
m-f 9 am - 6 pm

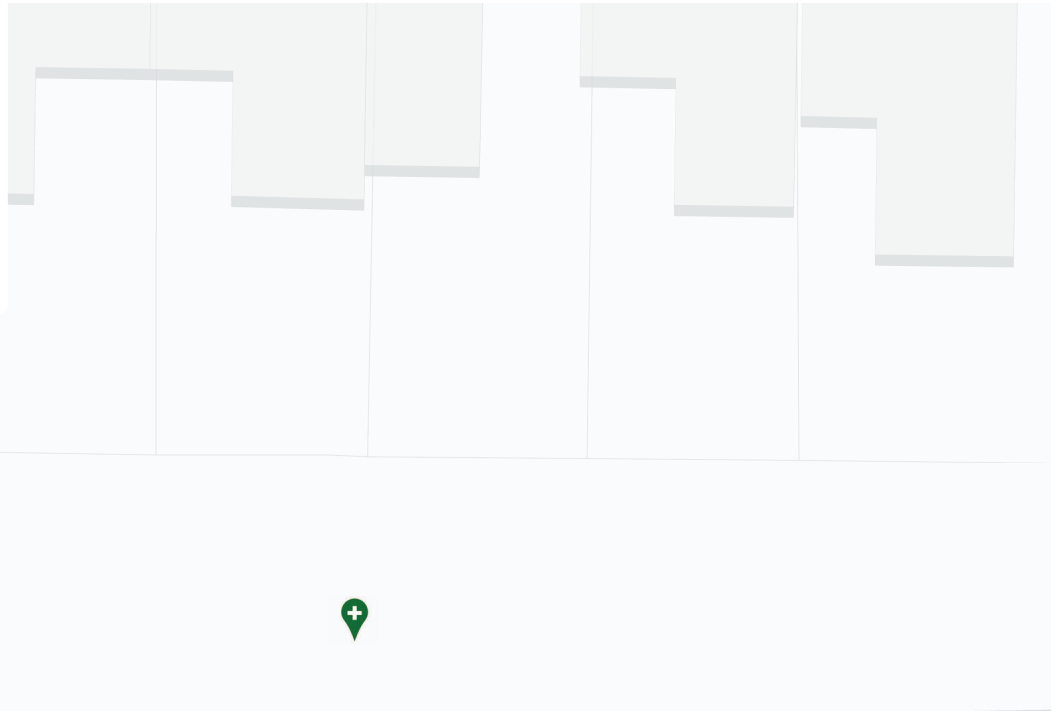
National Registry Number **Certification Date**
4169384668 08/12/2017

Distance **Business Phone**
N/A (813) 626-3926

Business Fax Number
-

Business Email
kathymonroe@dotexamtampa.com

Business Website
www.dotexamtampa.com



Bay Pointe Dr Bay Pointe Dr Bay Pointe Dr Bay Pointe Dr Bay Pointe Dr Bay Pointe Dr Bay Pointe Dr

