



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

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Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

I certify that I have examined **Last Name:** OXILAS **First Name:** STEEVENSON 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
☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate

- ☐ Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
☐ 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

11/08/2023

Medical Examiner's Signature

Medical Examiner's Telephone Number

(305) 888-6959

Date Certificate Signed

11/08/2021

Medical Examiner's Name (please print or type)

Kenia Carbonell

☐ MD

☐ Physician Assistant

☒ Advanced Practice Nurse

☐ DO

☐ Chiropractor

☐ Other Practitioner (specify) _____

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

9339297

Issuing State

FL

National Registry Number

8713200472

Driver's Signature

Driver's License Number

0242780921220

Issuing State/Province

FL

Driver's Address

Street Address: 877 NE 145TH ST

City: NORTH MIAMI

State/Province: FL

Zip Code: 33161

CLP/CDL Applicant/Holder

☒ Yes ☐ No



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 **Kenia Carbonell Muria (Nurse Practitioner)**

 **Health Care Center Of Miami**

7911 NW 72 ave Miami, FL 33166

 (305) 888-6959

 N/A [Directions](#) 



TAX MEDIC

