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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: Cruz Gonzalez First Name: Yosniel 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**09/25/2025**Medical Examiner's Signature****Medical Examiner's Telephone Number**(832) 232-1702**Date Certificate Signed**09/25/2023**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 Number**APRN9333500**Issuing State**FL**National Registry Number**4169384668**Driver's Signature****Driver's License Number**C625960821780**Issuing State/Province**FL**Driver's Address****Street Address:** 9311 Grandfield Rd**City:** Thonotosassa**State/Province:** FL**Zip Code:** 33592**CLP/CDL Applicant/Holder**☒ Yes ☐ No



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 **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**

4169384668

**Certification Date**

08/12/2017

**Distance**

N/A

**Business Phone**

(813) 626-3926

**Business Fax Number**

-

**Business Email**

kathymonroe@dotexamtampa.com

**Business Website**

www.dotexamtampa.com



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