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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:** AVILA **First Name:** YOEL 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

01/08/2025

Medical Examiner's Signature

Luis S. Miranda, MD

Medical Examiner's Telephone Number

813-935-1944

Date Certificate Signed

01/09/2023

Medical Examiner's Name (please print or type)

LUIS S. MIRANDA-GENARO

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

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

ME56636

Issuing State

Florida

National Registry Number

5672201454

Driver's Signature

Yoel Avila

Driver's License Number

A140-960-77-190-0

Issuing State/Province

Florida

Driver's Address

Street Address: 7010 EDENBROOK CT

City: TAMPA

State/Province: FL

Zip Code: 33634

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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 **Dr. LUIS MIRANDA-GENARO**
(Medical Doctor)



Email



Website

Practice Business Name

TAMPA BAY MEDICAL CARE GROUP INC

Address

6800 N. DALE MABRY HWY SUITE 198
B TAMPA, FL 33614

Hours of Operation

9:00am to 6:00pm

National Registry Number

5672201454

Certification Date

05/23/2014

Distance

N/A

Business Phone

(813) 935-1944

Business Fax Number

8138841955

Business Email

tampabaymedical@verizon.net

