

Form MCSA-5875

OMB No. 2125-0006

Expiration Date: 03/31/2025

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

Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

CMV DRIVER CERTIFICATION

I certify that I have examined (last name) Hendrieth (first name) Paul in accordance with (please check only) ☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.43) 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 391.41-391.43) 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
☐ Wearing hearing aid

- ☐ Accompanied by a waiver/exemption (specify type):
☐ 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)

Medical Examiner's Certificate Expiration Date

07/11/2024

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 INFORMATION

Medical Examiner's Signature

Medical Examiner's Name (please print or type)

Gordon, Andrew

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

ME122670

Medical Examiner's Telephone Number

(305)770-4500

Date Certificate Signed

07/11/2023

- ☒ MD ☐ Physician Assistant
☐ DO ☐ Chiropractor

☐ Advanced Practice Nurse

☐ Other Practitioner (specify)

Issuing State

FL

National Registry Number

4995784791

CMV DRIVER INFORMATION

Driver's Signature

Driver's Address

Street Address: 2326 Pershing St # APP1

City: Hollywood

State/Province: FL

Zip Code: 33020-1214

CLP/CDL Applicant/Holder

☒ Yes ☐ No

Driver's License Number

H536689583650

Issuing State/Province

FL

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Search Medical Examiners

National Registry Number

Business Name

4995784791

First Name

Last Name

Basic Search

Search

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 **Dr. Andrew Gordon (Medical Doctor)**

 **Concentra Urgent Care**

17601 Suite S Miami Gardens, FL 33169

 (305) 770-4500

 N/A

Query Detail

Query Overview

Employer Conducting Query: ZIGI FREIGHT INC (USDOT# 2828543)

Query Result: Driver Not Prohibited

Query Status: Completed (4/11/2024 12:52:58)

Conducted By: Teodora Nikolic | **Query Type:** Pre-employment | **Query Submitted:** Manually

Driver Information

Name: PAUL HENDRIETH

Date of Birth: 10/5/1958

CDL/CLP ⓘ: US-FL-H536689583650

Consent Information

Requested: 4/11/2024 12:45:23

Recorded: 4/11/2024 12:52:58

Status: Provided

Query History

Created: 4/11/2024 12:45:23

Completed: 4/11/2024 12:52:58

Query Result: Driver Not Prohibited

LEARN MORE

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

Open Violations

No Open Violations