8/28/23, 10:50 AM

Form MCSA-5876

Medical Examination Report

OMB No. 2126-0006 Expiration Date: 12/31/2

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:** Pinzon **First Name:** Bryan 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
- [ ] Wearing hearing aid
- [ ] Accompanied by a _____ waiver/exemption
- [ ] 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: August 28, 2025

Medical Examiner's Signature: Thomas

Medical Examiner's Telephone Number: 386-401-7160

Date Certificate Signed: 08/28/2023

Medical Examiner's Name *(please print or type)*: Christina Nichole Thomas

( ) MD ( ) Physician Assistant (●) Advanced Practice Nurse
( ) DO ( ) Chiropractor ( ) Other Practitioner *(specify)* ____

Medical Examiner's State License, Certificate, or Registration Number: APRN11007649

Issuing State: FL

National Registry Number: 3691724129

Driver's Signature: B P

Driver's License Number: P525061934250

Issuing State/Province: FL

Driver's Address
Street: 1003 CROW STREET City: JUPITER State/Province: FL Zip Code: 33458

CLP/CDL Applicant/Holder: (●) Yes ( ) No

Werner Lake City FL DOB: 11/25/93 7429 768627429 Rev 1/5/22

United States Department of Transportation

FMCSA
Federal Motor Carrier Safety Administration

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National Registry Number: 3691724129

Business Name:

First Name:

Last Name:

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Previous Page | 1 of 1 | Next Page

Mrs. Christina Thomas (Advanced Practice Registered Nurse)
Lake City Medical Center
340 NW Commerce Dr Lake City, FL 32024
(386) 719-9000 *N/A* Directions

Query Detail

Query Overview

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

Query Result: Driver Not Prohibited

Query Status: Completed (4/19/2024 11:28:17)

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

Driver Information

Name: BRYAN PINZON ARRILLAGA
Date of Birth: 11/25/1993
CDL/CLP: US-FL-P525061934250

Consent Information

Requested: 4/19/2024 10:50:44
Recorded: 4/19/2024 11:28:17
Status: Provided

Query History

Created: 4/19/2024 10:50:44
Completed: 4/19/2024 11:28:17
Query Result: Driver Not Prohibited

Open Violations

No Open Violations

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