

8/28/23, 10:50 AM
Form MCSA-5876

Medical Examination Report

OMB No. 2126-0006 Expiration Date: 12/31/2025

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

Medical Examiner's Certificate
(for Commercial Driver Medical Certification)

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 ☐ 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
August 28, 2025

Medical Examiner's Signature

Christina 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

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Werner Lake City FL

DOB: 11/25/93

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 **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

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■ The Return-to-Duty Process

Open Violations

No Open Violations