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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:** Izquierdo Jesus **First Name:** Andy 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

7-24-25

Medical Examiner's Signature

Brian Ball

Medical Examiner's Name (please print or type)

Brian Ball

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

2924

Medical Examiner's Telephone Number

330-484-0253

Date Certificate Signed

7-24-23

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

Issuing State

Ohio

National Registry Number

2675064694

Driver's Signature

Andy

Driver's Address

Street Address:

15291 SW 88th Terr

City:

MIAMI

Driver's License Number

I 263-000-76-219-0

Issuing State/Province

FL

State/Province:

FL

Zip Code:

33196

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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 **Dr. Brian Ball (Doctor Of Chiropractic)**

 **Chiropractic Care Center**

6725 Promway N.W. Suite 8 Canton, OH 44720

 (330) 484-0253

 N/A [Directions](#)



Promway Ave NW

Promway Ave NW

Promway Ave NW

Query Detail

Query Overview

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

Query Result: Driver Not Prohibited

Query Status: Completed (5/7/2024 11:41:38)

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

Driver Information

Name: ANDY IZQUIERDO JEREZ

Date of Birth: 6/19/1976

CDL/CLP ⓘ: US-FL-I263000762190

Consent Information

Requested: 5/7/2024 10:06:01

Recorded: 5/7/2024 11:41:38

Status: Provided

Query History

Created: 5/7/2024 10:06:01

Completed: 5/7/2024 11:41:38

Query Result: Driver Not Prohibited

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

Open Violations

No Open Violations