

Medical Examiner's Certificate
 (To be completed by the Medical Examiner)

First Name: MEYER Last Name: BAKON is associated with patient's last name

- ☐ I am a Medical Doctor, Nurse, Physician Assistant, or other qualified person with knowledge of the driving status. If you are a qualified person, only when you are a qualified person, only when you are a qualified person, only when you are a qualified person.
- ☐ I find this person is qualified, and, if applicable, only when you are a qualified person.
- ☐ I find this person is not qualified, and, if applicable, only when you are a qualified person.
- ☐ I find this person is not qualified, and, if applicable, only when you are a qualified person.
- ☐ I find this person is not qualified, and, if applicable, only when you are a qualified person.

The information I have provided regarding this person's examination is true and complete. A complete Medical Examination Report form, MCSA-1075, with any attachments, including photographs and records, will be in the file by the date.

Medical Examiner's Certificate Registration Number: 01/26/2021

Medical Examiner's Signature: [Signature] Medical Examiner's Registration Number: 1780 106 1022 Date Certificate Signed: 05/11/2021

Medical Examiner's Name (print name): [Name] Medical Examiner's Title: Medical Examiner Medical Examiner's Address: [Address]

Medical Examiner's State (name, Certificate, or Registration Number): Arizona 17801061022 Medical Examiner's License Number: 17801061022

Driver's Signature: [Signature] Driver's License Number: 17801061022 Issuing State/Province: Arizona

Driver's Address: 30101 SW 1st Ave City: HOUSTON, TX State/Province: TX Zip Code: 77015 CUREN, Administrative



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National Registry Number

Business Name

3175858375

First Name

Last Name

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 **Carmen Morales (Nurse Practitioner)**

 **Airbase Medical Center, LLC**

12803 SW 280th St Homestead, FL 33032

 (786) 504-3022

 N/A [Directions](#) 





Carmen Morales
(Nurse Practitioner)

[Email](#)[Website](#)**Practice Business Name**

Airbase Medical Center, LLC

Address

12803 SW 280th St Homestead, FL 33032

Hours of Operation

-

National Registry Number

3175858375

Certification Date

03/30/2021

Distance

N/A

Business Phone

(786) 504-3022

Business Fax Number

7865043092

Business Email

airbasemedicalcenter@yahoo.com



Query Detail

Query Overview

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

Query Result: Driver Not Prohibited

Query Status: Completed (5/23/2024 12:22:08)

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

Driver Information

Name: RAMON MEJIAS

Date of Birth: 7/6/1983

CDL/CLP ⓘ: US-FL-M220721832460

Consent Information

Requested: 5/23/2024 12:03:30

Recorded: 5/23/2024 12:22:08

Status: Provided

Query History

Created: 5/23/2024 12:03:30

Completed: 5/23/2024 12:22:08

Query Result: Driver Not Prohibited

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Open Violations

No Open Violations