Form MCSA-5876

OMB No.: 2126-0006 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)* Mortimer *(first name)* Josue 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 *(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)*

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: 09/06/2024

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature: Andrew

Medical Examiner's Telephone Number: (305)770-4500

Date Certificate Signed: 09/06/2022

Medical Examiner's Name *(please print or type)*: Gordon, Andrew

(•) MD ( ) Physician Assistant ( ) Advanced Practice Nurse
( ) DO ( ) Chiropractor ( ) Other Practitioner *(specify)* _____

Medical Examiner's State License, Certificate, or Registration Number: ME122670

Issuing State: FL

National Registry Number: 4995784791

CMV DRIVER INFORMATION

Driver's Signature: [signature]

Driver's License Number: M635420843470

Issuing State/Province: FL

Driver's Address

Street Address: 15090 city center blvd Apt 202 City: Pembroke Pines State/Province: FL Zip Code: 33025

CLP/CDL (•) Yes ( ) No

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United States Department of Transportation

FMCSA
Federal Motor Carrier Safety Administration

NATIONAL REGISTRY OF CERTIFIED MEDICAL EXAMINERS

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City, State or Zipcode | 10 | Miles

National Registry Number: 4995784791

Business Name:

First Name:

Last Name:

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Previous Page | 1 of 1 | Next Page

Dr. Andrew Gordon (Medical Doctor)
Concentra Urgent Care
17601 Suite S Miami Gardens, FL 33169
(305) 770-4500 N/A Directions

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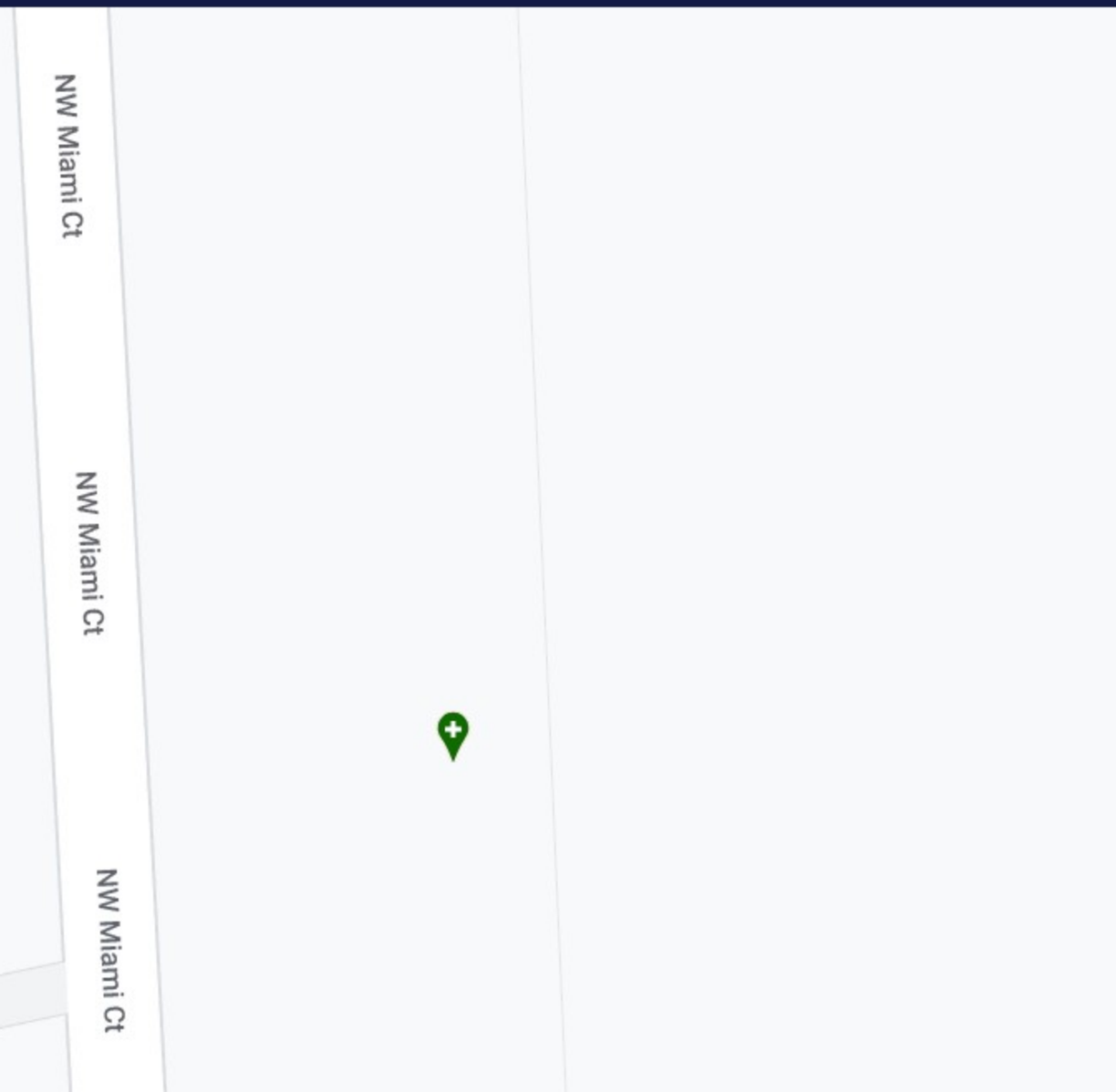


Dr. Andrew Gordon
(Medical Doctor)

Email Website

Practice Business Name
Concentra Urgent care

Address
17601 Suite S Miami Gardens, FL 33169

Hours of Operation
8 am to 5 pm (m- f)

National Registry Number
4995784791

Certification Date
06/09/2015

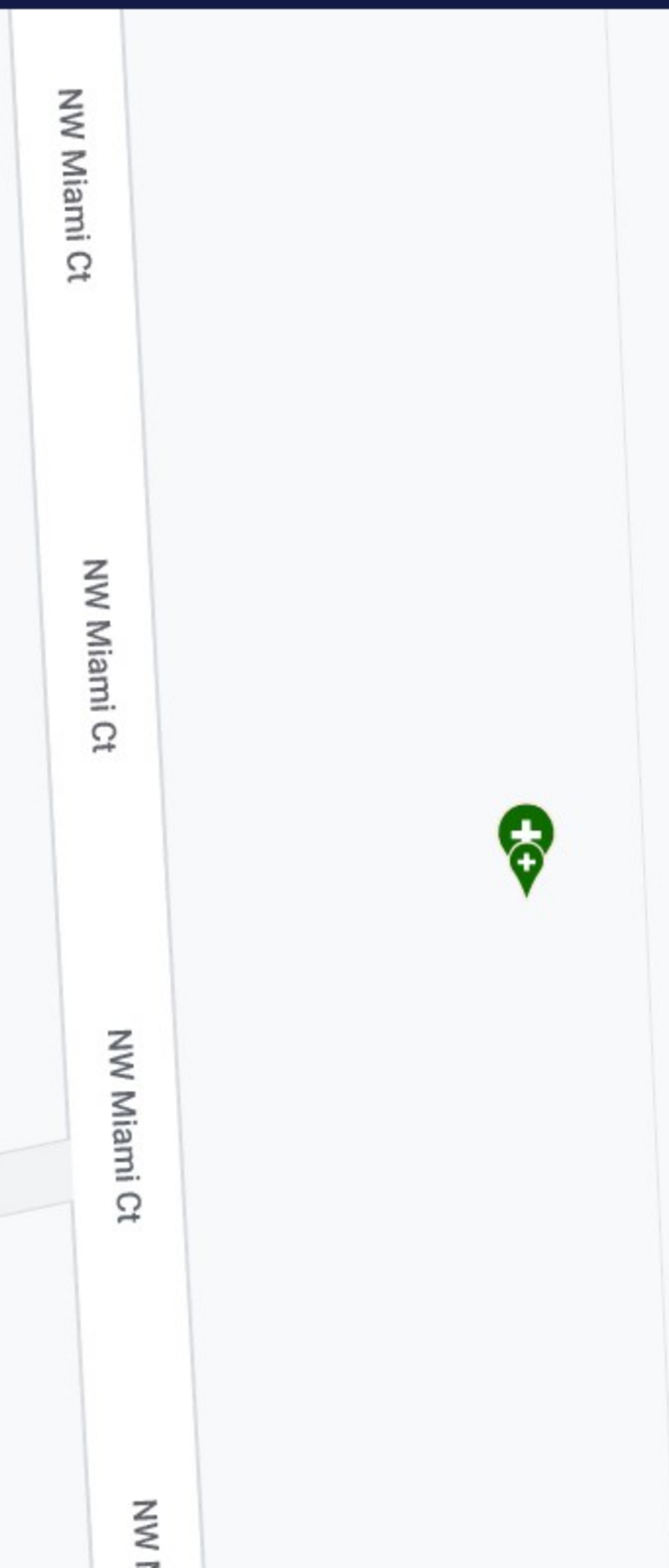
Distance
N/A

Business Phone
(305) 770-4500

Business Fax Number
3057700020

Business Email
andrew_gordon@concentra.com

Business Website
www.concentra.com/



Query Detail

Query Overview

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

Query Result: Driver Not Prohibited

Query Status: Completed (5/30/2024 12:14:03)

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

Driver Information

Name: JOSUE MORTIMER
Date of Birth: 9/27/1984
CDL/CLP: US-FL-M635420843470

Consent Information

Requested: 5/30/2024 12:05:16
Recorded: 5/30/2024 12:14:03
Status: Provided

Query History

Created: 5/30/2024 12:05:16
Completed: 5/30/2024 12:14:03
Query Result: Driver Not Prohibited

Open Violations

No Open Violations

LEARN MORE

- The Return-to-Duty Process