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

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

I certify that I have examined **Last Name:** Ortiz Carmenate **First Name:** Vladimir 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)*:

- [x] 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) *(Retired)*
- [ ] 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: 02/26/2026

Medical Examiner's Signature

Medical Examiner's Telephone Number: (904) 434-3465

Date Certificate Signed: 02/26/2024

Medical Examiner's Name *(please print or type)*: Yamilette Lopez Rivera

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

Medical Examiner's State License, Certificate, or Registration Number: CH12471

Issuing State: Florida

National Registry Number: 9194694696

Driver's Signature

Driver's License Number: O632-860-75-323-0

Issuing State/Province: Florida

Driver's Address
Street Address: 120 NW 44Th Ave City: Miami State/Province: FL Zip Code: 33126

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

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Rev 3/1/21

Search Medical Examiners

City, State or Zipcode | 10 | Miles

National Registry Number: 9194694696

Business Name:

First Name:

Last Name:

Basic Search | Search

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Dr. Yamilette Lopez Rivera (Doctor Of Chiropractic)

Vitality Family Chiropractic And Wellness Center

3636 University Blvd S Suite
B3 Jacksonville, FL 32216

(904) 434-3465 *N/A*

Dr. Yamilette Lopez Rivera

(Doctor Of Chiropractic)

Email Website

Practice Business Name

Vitality Family Chiropractic and Wellness Center

Address

3636 University Blvd S Suite
B3 Jacksonville, FL 32216

Hours of Operation

-

National Registry Number

9194694696

Certification Date

09/30/2021

Distance

N/A

Business Phone

(904) 434-3465

Business Fax Number

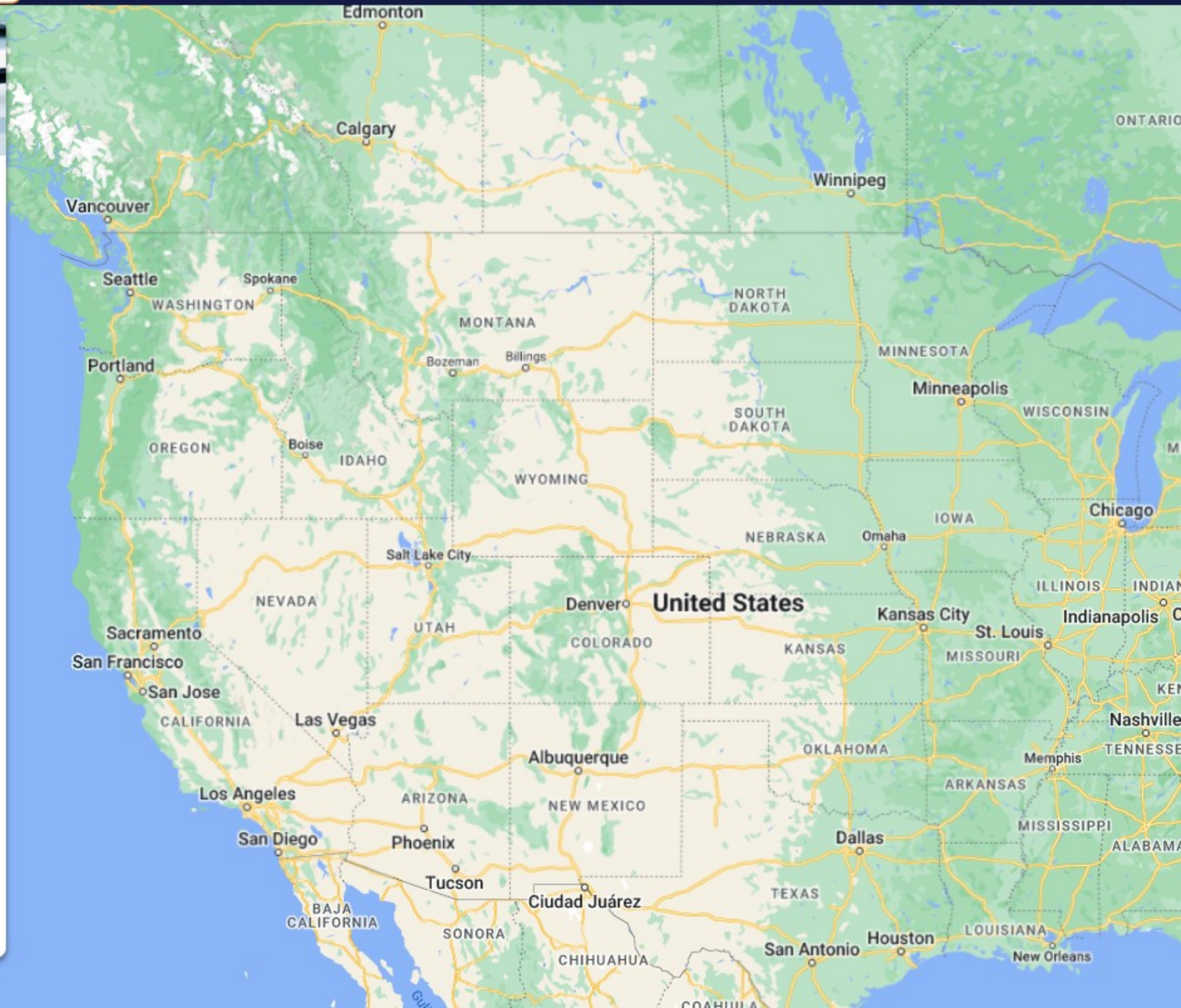
-

Business Email

drlopez@vitalitycenterjax.com

Business Website

www.vitalitycenterjax.com



Query Detail

Query Overview

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

Query Result: Driver Not Prohibited

Query Status: Completed (6/20/2024 9:19:31)

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

Driver Information

Name: VLADIMIR ORTIZ CARMENATE
Date of Birth: 9/3/1975
CDL/CLP: US-FL-O632860753230

Consent Information

Requested: 6/20/2024 9:13:38
Recorded: 6/20/2024 9:19:31
Status: Provided

Query History

Created: 6/20/2024 9:13:38
Completed: 6/20/2024 9:19:31
Query Result: Driver Not Prohibited

Open Violations

No Open Violations

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