Form MCSA-5876

OMB No.: 2126-0006 Expiration Date: 05/31/2025

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

Medical Examiner's Certificate

(To Commercial Driver Medical Certification)

I certify that I have examined Last Name: Nessl First Name: Jesus 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 391.41–391.62) 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 SLM 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: 3/20/2026

Medical Examiner's Signature

Medical Examiner's Telephone Number: 407-866-1628

Date Certificate Signed: 3/20/2024

Medical Examiner's Name (please print or type): Dr. Tiffany Moultrie

- ○ MD ○ Physician Assistant ○ Advanced Practice Nurse
- ○ DO ◉ Chiropractor ○ Other Practitioner (specify) _____

Medical Examiner's State License, Certificate, or Registration Number: CH10787

Issuing State: Florida

National Registry Number: 2528025807

Driver's Signature

Driver's License Number: N261421684030

Issuing State/Province: Florida

Driver's Address

Street Address: 1295 Mako Key St-Mark State/Province: FL Zip Code: 32346

CLP/CDL Applicant/Holder: ◉ Yes ○ No

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Rev. 3/28/22

United States Department of Transportation

FMCSA
Federal Motor Carrier Safety Administration

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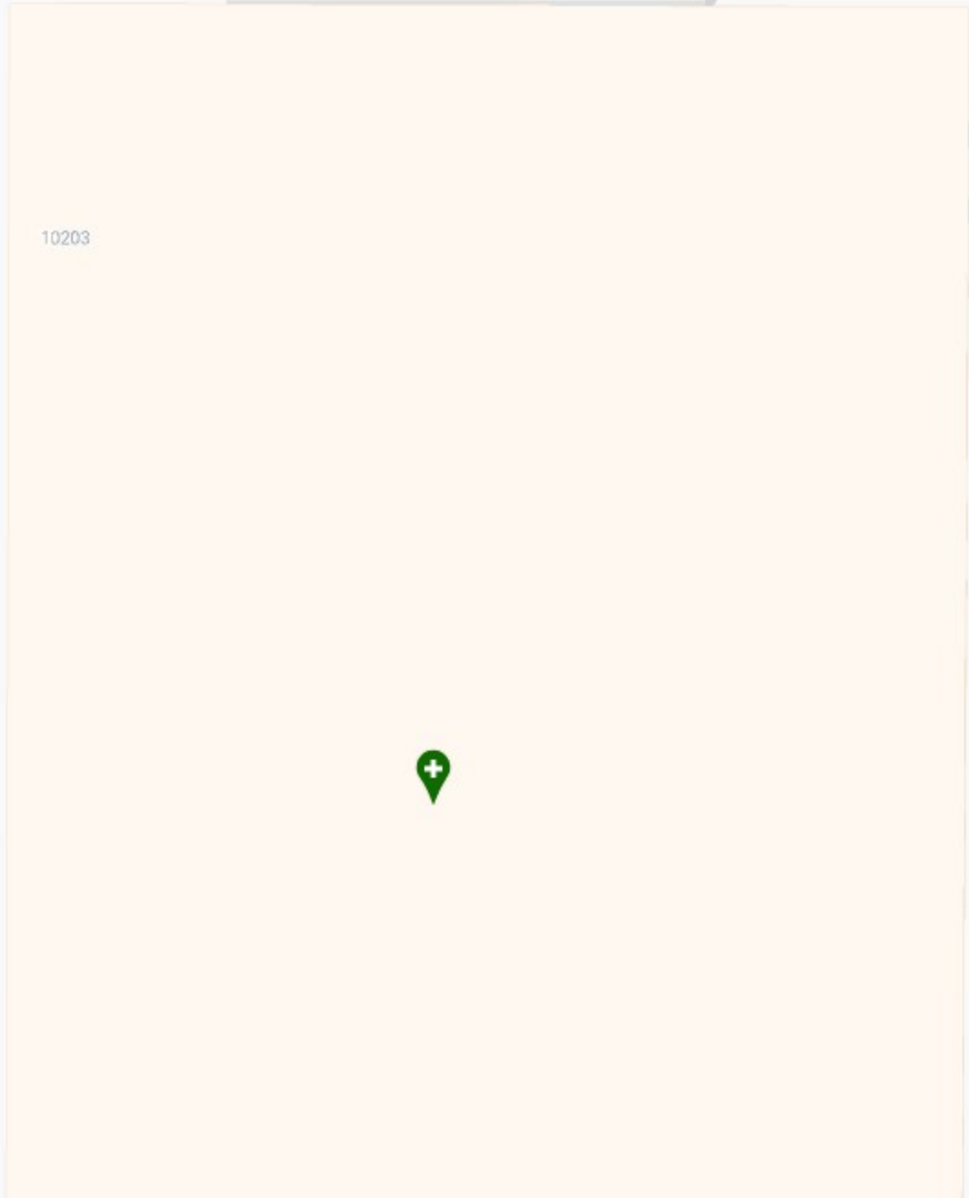
Ms. Tiffany Moulterie (Doctor Of Chiropractic)

ChiroLife Health Center

9565 S. Orange Blossom Trail Suite 5 Orlando, FL 32837

(407) 866-1628 N/A Directions



Ms. Tiffany Moulterie
(Doctor Of Chiropractic)

Email Website

Practice Business Name
ChiroLife Health Center

Address
9565 S. Orange Blossom Trail Suite 5 Orlando, FL 32837

Hours of Operation
-

National Registry Number
2528025507

Certification Date
07/08/2015

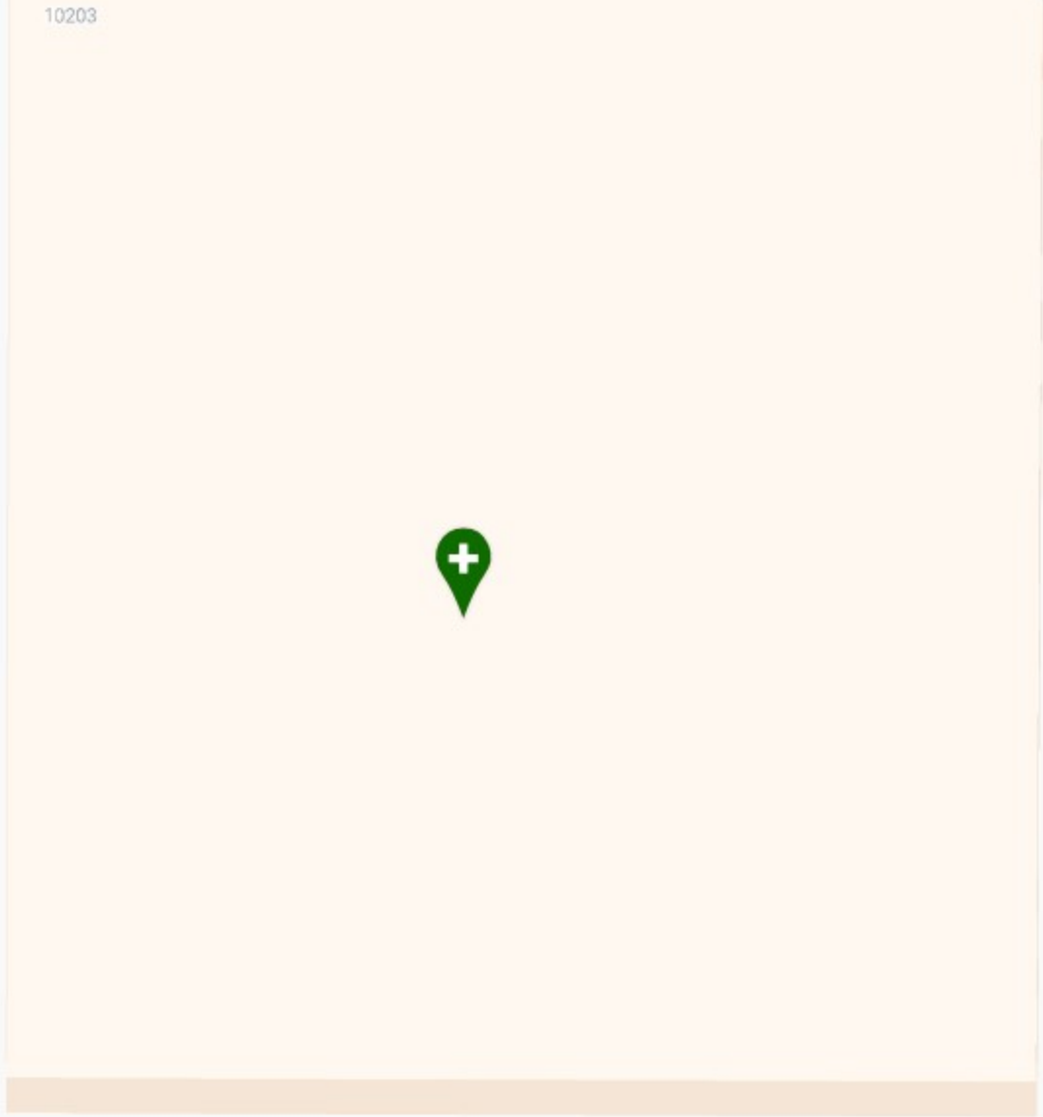
Distance
N/A

Business Phone
(407) 866-1628

Business Fax Number
-

Business Email
drtmoulterie@gmail.com

Business Website
chirolifeflorida.com



Query Detail

Query Overview

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

Query Result: Driver Not Prohibited

Query Status: Completed (6/18/2024 10:34:16)

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

Driver Information

Name: JESUS NESSY RIVERO
Date of Birth: 11/3/1968
CDL/CLP: US-FL-N261421684030

Consent Information

Requested: 6/18/2024 10:28:05
Recorded: 6/18/2024 10:34:16
Status: Provided

Query History

Created: 6/18/2024 10:28:05
Completed: 6/18/2024 10:34:16
Query Result: Driver Not Prohibited

Open Violations

No Open Violations

LEARN MORE

- The Return-to-Duty Process