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)

I certify that I have examined **Last Name:** Lopez **First Name:** Amaury in accordance with *(please check only one)*:

☑ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.69) 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
☐ Wearing hearing aid ☐ 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: 12/26/2024

Medical Examiner's Signature Yvanne Belanston APRN

Medical Examiner's Telephone Number: 407-901-9112

Date Certificate Signed: 12/26/2022

Medical Examiner's Name *(please print or type)*: Yvanne Belanston

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

Medical Examiner's State License, Certificate, or Registration Number: APRN9294190

Issuing State: Florida

National Registry Number: 4802153110

Driver's Signature

Driver's License Number: L120-000-69-125-0

Issuing State/Province: FL

Driver's Address
Street Address: 3470 Rum Run City: Leesburg State/Province: FL Zip Code: 34788

CLP/CDL Applicant/Holder ☒ Yes ○ No

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Rev 3/29/22

NATIONAL REGISTRY OF CERTIFIED MEDICAL EXAMINERS

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National Registry Number: 4802153110

Business Name:

First Name:

Last Name:

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YVANNE BELANSTON (Advanced Practice Registered Nurse)

Infinite Innovation Health

280 Patterson Rd Suite 2 Haines City, FL 33844

(863) 216-3339 *N/A* Directions

YVANNE BELANSTON

(Advanced Practice Registered Nurse)

Email Website

Practice Business Name
Infinite Innovation Health

Address
280 Patterson Rd Suite 2 Haines City, FL 33844

Hours of Operation
-

National Registry Number
4802153110

Certification Date
08/29/2022

Distance
N/A

Business Phone
(863) 216-3339

Business Fax Number
8632163340

Business Email
info@infiniteinnovationhealth.com

Query Detail

Query Overview

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

Query Result: Driver Not Prohibited

Query Status: Completed (8/12/2024 9:32:49)

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

Driver Information

Name: AMAURY LOPEZ
Date of Birth: 4/5/1969
CDL/CLP: US-FL-L120000691250

Consent Information

Requested: 8/12/2024 9:27:55
Recorded: 8/12/2024 9:32:49
Status: Provided

Query History

Created: 8/12/2024 9:27:55
Completed: 8/12/2024 9:32:49
Query Result: Driver Not Prohibited

Open Violations

No Open Violations

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- The Return-to-Duty Process