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 Drive- Medical Certification)

I certify that I have examined **Last Name:** OLIVA **First Name:** JORGE YASSER 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) *(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
10/03/2024

Medical Examiner's Signature

Medical Examiner's Telephone Number
7868701212

Date Certificate Signed
10/03/2023

Medical Examiner's Name *(please print or type)*
ELIZABETT VALDIVIA

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

Medical Examiner's State License, Certificate, or Registration Number
APRN11006779

Issuing State
Florida

National Registry Number
4817280352

Driver's Signature

Driver's License Number
O410439754290

Issuing State/Province
Florida

Driver's Address
Street Address: 20060 NW 77TH PATH City: HIALEAH State/Province: FL Zip Code: 33015

CLP/CDL Applicant/Holder
(●) Yes ( ) No

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Rev 3/29/22

Search Medical Examiners

City, State or Zipcode | 10 | Miles

National Registry Number: 4817280352

Business Name:

First Name:

Last Name:

Basic Search | Search

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Mrs. Elizabett Valdivia (Advanced Practice Registered Nurse)

D DE LA VEGA MD PA

11093 NW 138 STREET SUITE 112 HIALEAH GARDENS, FL 33018

(786) 870-1212 *N/A* Directions

Mrs. Elizabett Valdivia

(Advanced Practice Registered Nurse)

Email

Website

Practice Business Name

D DE LA VEGA MD PA

Address

11093 NW 138 STREET SUITE 112 HIALEAH GARDENS, FL 33018

Hours of Operation

-

National Registry Number

4817280352

Certification Date

04/19/2022

Distance

N/A

Business Phone

(786) 870-1212

Business Fax Number

-

Business Email

ddelavegamdpa@gmail.com

Query Detail

Query Overview

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

Query Result: Driver Not Prohibited

Query Status: Completed (8/9/2024 16:07:27)

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

Driver Information

Name: JORGE OLIVA
Date of Birth: 11/29/1975
CDL/CLP : US-FL-O410443060000

Consent Information

Requested: 8/9/2024 16:06:56
Recorded: 8/9/2024 16:07:27
Status: Provided

Query History

Created: 8/9/2024 16:06:56
Completed: 8/9/2024 16:07:27
Query Result: Driver Not Prohibited

Open Violations

No Open Violations

LEARN MORE

- The Return-to-Duty Process