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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:** RIVERO VILLASUSO **First Name:** SOERLANDO 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 ☐ 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

12/12/2025

Medical Examiner's Signature

Medical Examiner's Telephone Number

Date Certificate Signed

7868701212

12/12/2023

Medical Examiner's Name (please print or type)

☐ MD ☐ Physician Assistant ☒ Advanced Practice Nurse

ELIZABETT VALDIVIA

☐ DO ☐ Chiropractor

☐ Other Practitioner (specify) _____

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

Issuing State

National Registry Number

APRN11006779

Florida

4817280352

Driver's Signature

Driver's License Number

Issuing State/Province

Driver's Address

R161780740220

Florida

Street Address: 6130 W 21ST CT APT 605

City: HIALEAH

State/Province: FL

Zip Code: 33016

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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Search Medical Examiners

City, State or Zipcode **10** Miles

National Registry Number

Business Name

4817280352

First Name

Last Name

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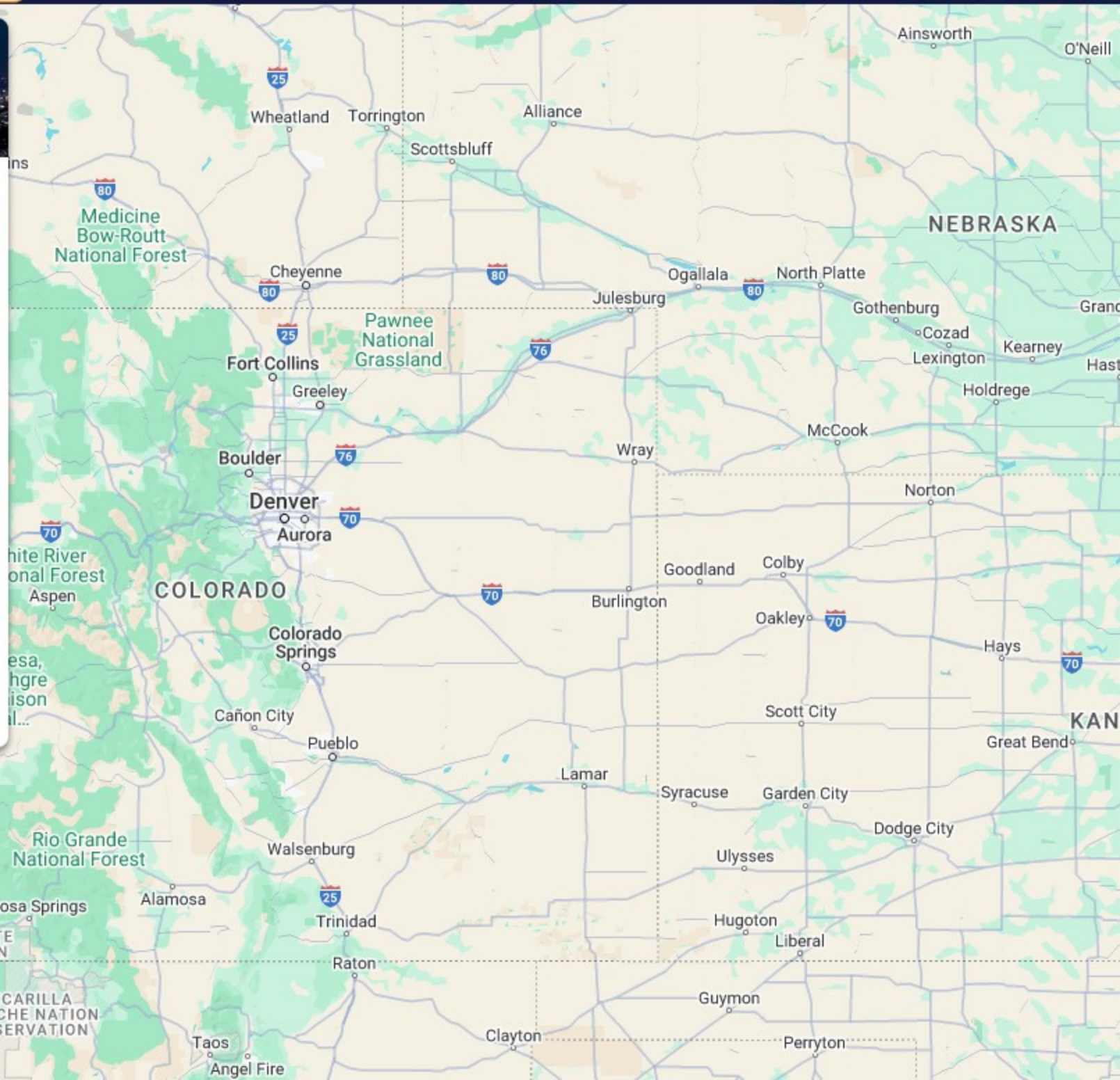
+ **Mrs. Elizabett Valdivia (Advanced Practice
Registered Nurse)**

D DE LA VEGA MD PA

11093 NW 138 STREET SUITE 112 HIALEAH
GARDENS, FL 33018

(786) 870-1212

N/A





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

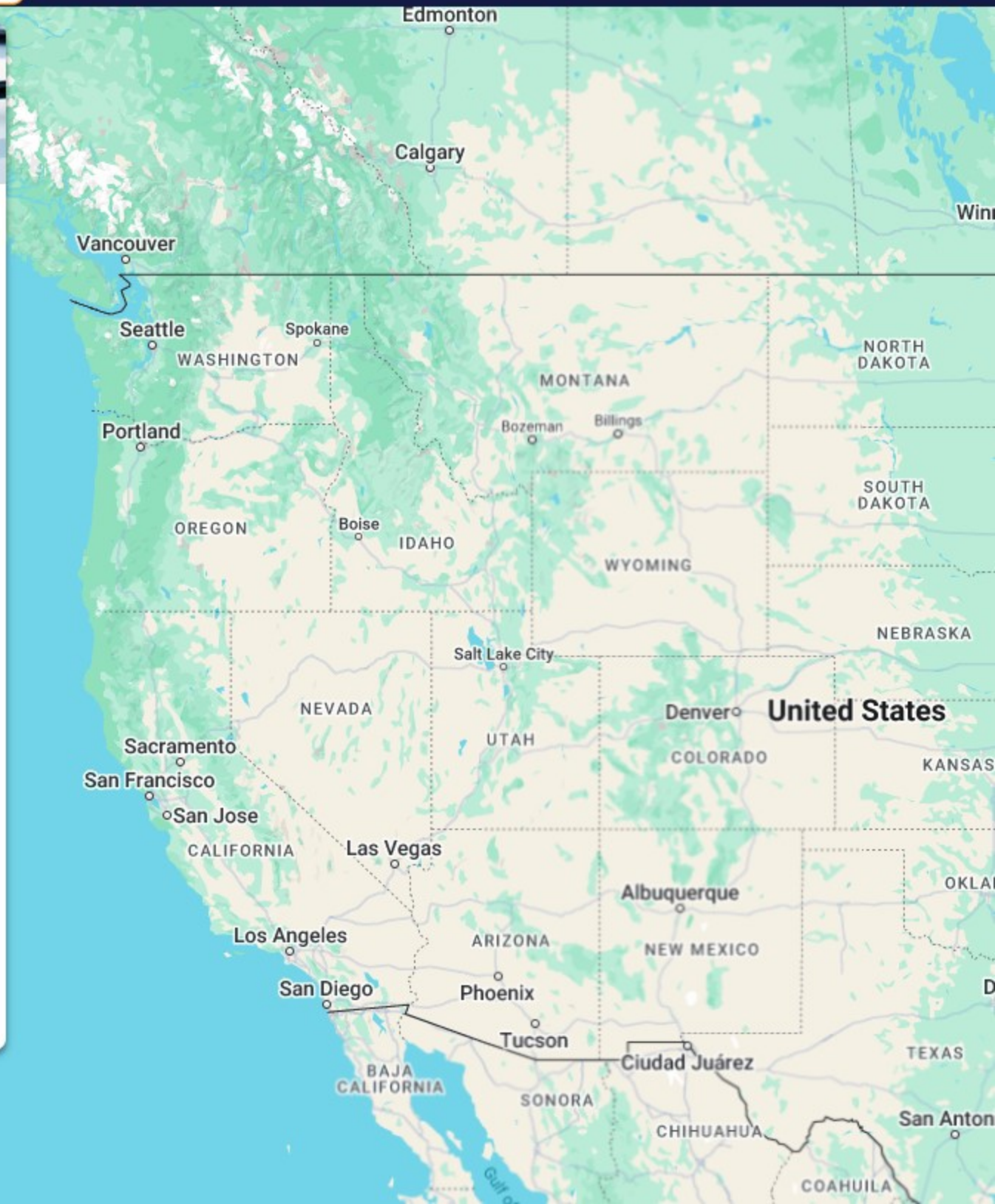
(786) 870-1212

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 (8/26/2024 13:06:42)

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

Driver Information

Name: SOERLANDO RIVERO
VILLASUSO

Date of Birth: 1/22/1974

CDL/CLP ⓘ: US-FL-R161780740220

Consent Information

Requested: 8/26/2024 13:05:41

Recorded: 8/26/2024 13:06:42

Status: Provided

Query History

Created: 8/26/2024 13:05:41

Completed: 8/26/2024 13:06:42

Query Result: Driver Not Prohibited

LEARN MORE

 [The Return-to-Duty Process](#)

Open Violations

No Open Violations