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:** Louiseron **First Name:** Steve 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
- ☐ 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 393.68 *(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
03/06/2025

Medical Examiner's Signature [signature]

Medical Examiner's Telephone Number (305) 642-7111

Date Certificate Signed 03/06/2023

Medical Examiner's Name *(please print or type)* YULIET SUAREZ PRADO

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

Medical Examiner's State License, Certificate, or Registration Number APRN 11010504

Issuing State FL

National Registry Number 9157977636

Driver's Signature Steve L

Driver's License Number L265-780-88-259-0

Issuing State/Province FL

Driver's Address
Street Address: 203 Lake Pointe Drive, 207 City: Oakland Park State/Province: FL Zip Code: 33309

CLP/CDL Applicant/Holder ● Yes ○ No

NATIONAL REGISTRY OF CERTIFIED MEDICAL EXAMINERS

Home Register Find A Medical Examine

NW 9th St NW 9th St

Search Medical Examiners

City, State or Zipcode | 10 | Miles

National Registry Number: 9157977636

Business Name:

First Name:

Last Name:

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Miss. Yuliet Suarez Prado (Advanced Practice Registered Nurse)

Josefina F. Tur + M.D. P.A.

4100 N.W 9th St., #100 Miami, FL 33126

(305) 642-7111 *N/A* Directions

EXAMEN MEDICO
DE INMIGRACION /...

Miss. Yuliet Suarez Prado

(Advanced Practice Registered Nurse)

Email Website

Practice Business Name

Josefina F. Tur + M.D. P.A.

Address

4100 N.W 9th St., #100 Miami, FL 33126

Hours of Operation

-

National Registry Number

9157977636

Certification Date

01/29/2022

Distance

N/A

Business Phone

(305) 642-7111

Business Fax Number

3056420530

Business Email

julysuarez88@gmail.com

Query Detail

Query Overview

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

Query Result: Driver Not Prohibited

Query Status: Completed (9/4/2024 9:52:18)

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

Driver Information

Name: STEVE LOUISERON
Date of Birth: 7/19/1988
CDL/CLP : US-FL-L265780882590

Consent Information

Requested: 9/4/2024 9:40:53
Recorded: 9/4/2024 9:52:18
Status: Provided

Query History

Created: 9/4/2024 9:40:53
Completed: 9/4/2024 9:52:18
Query Result: Driver Not Prohibited

Open Violations

No Open Violations

LEARN MORE

- The Return-to-Duty Process