

Public Burden Statement

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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: VALDES HERRERA First Name: YOUSEL in accordance with (please check only one):

- ☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.65) 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 391.41-391.65) 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 391.63) (Federal)
☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.54 (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

12/27/2025

Medical Examiner's Signature

Medical Examiner's Telephone Number

(305) 597-8707

Date Certificate Signed

12/27/2023

Medical Examiner's Name (please print or type)

Maylin Moli Delgado

- ☐ MD ☐ Physician Assistant ☒ Advanced Practice Nurse
☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____

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

APRN11024783

Issuing State

FL

National Registry Number

9043440272

Driver's Signature

Driver's License Number

V432960844260

Issuing State/Province

FL

Driver's Address

Street Address: 191 NW 97 TH AVENUE APT 516 City: MIAMI

State/Province: FL

Zip Code: 33172

CLP/COL Applicant/Holder

☒ Yes ☐ No



Search Medical Examiners

Miles

National Registry Number

Business Name

9043440272

First Name

Last Name

Basic Search

Search

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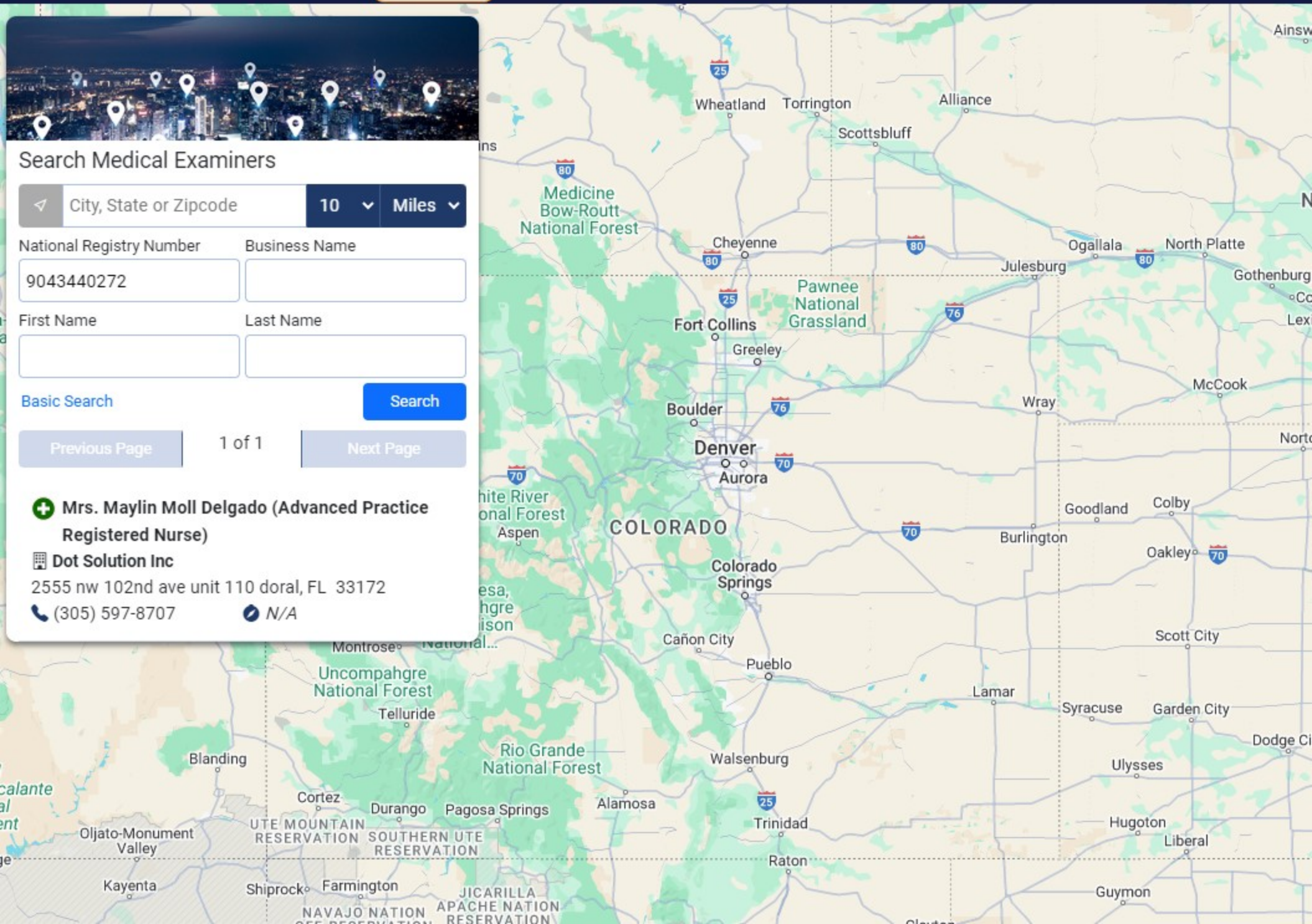
 **Mrs. Maylin Moll Delgado (Advanced Practice Registered Nurse)**

 **Dot Solution Inc**

2555 nw 102nd ave unit 110 doral, FL 33172

 (305) 597-8707

 N/A





Mrs. Maylin Moll Delgado
(Advanced Practice Registered Nurse)



Email



Website

Practice Business Name

Dot Solution Inc

Address

2555 nw 102nd ave unit 110 doral, FL 33172

Hours of Operation

-

National Registry Number

9043440272

Certification Date

03/24/2023

Distance

N/A

Business Phone

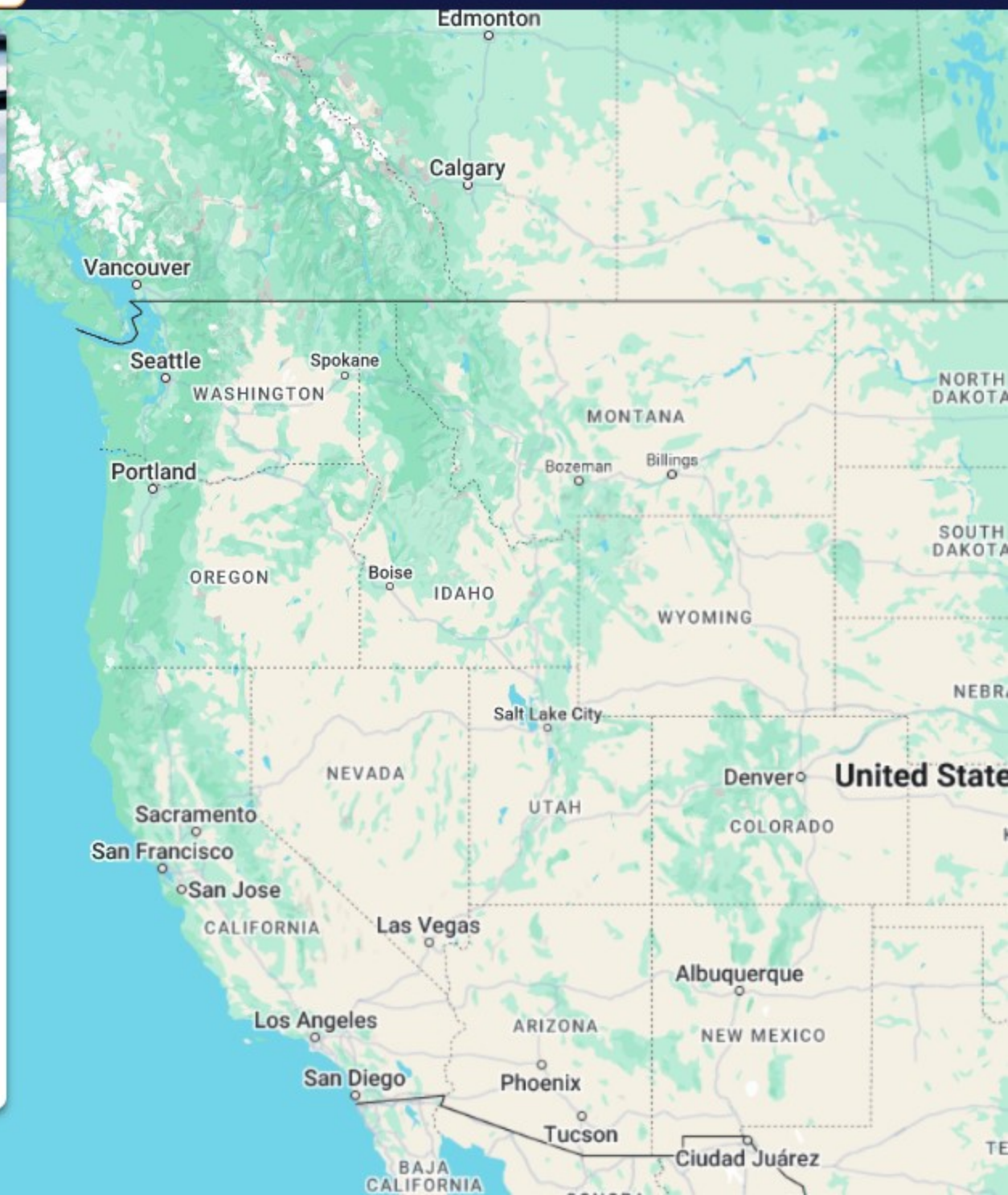
(305) 597-8707

Business Fax Number

3055978710

Business Email

maylinmoll@gmail.com



Query Detail

Query Overview

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

Query Result: Driver Not Prohibited

Query Status: Completed (9/3/2024 13:25:34)

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

Driver Information

Name: YOUSEL VALDES HERRERA

Date of Birth: 11/26/1984

CDL/CLP ⓘ: US-FL-V432960844260

Consent Information

Requested: 9/3/2024 13:20:32

Recorded: 9/3/2024 13:25:34

Status: Provided

Query History

Created: 9/3/2024 13:20:32

Completed: 9/3/2024 13:25:34

Query Result: Driver Not Prohibited

LEARN MORE

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

Open Violations

No Open Violations