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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:** Rovirosa **First Name:** Ricardo 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 ☐ Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
- ☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ 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 Date06/13/2025**Medical Examiner's Signature****Medical Examiner's Name** (please print or type)Julio Cevares Alcantara**Medical Examiner's State License, Certificate, or Registration Number**APRN9377003**Medical Examiner's Telephone Number**(786) 472-0230**Date Certificate Signed**06/13/2024

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

Issuing StateFlorida**National Registry Number**9264895827**Driver's Signature****Driver's License Number**R162-720-73-007-0**Issuing State/Province**Florida**Driver's Address**Street Address: 5810 SW 149TH AVECity: MiamiState/Province: FLZip Code: 33193**CLP/CDL Applicant/Holder**☒ Yes ☐ No

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Search Medical Examiners

National Registry Number

Business Name

9264895827

First Name

Last Name


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 **Mr. Julio Cevares Alcantara (Nurse Practitioner)**

 **Cevares Medical Care, LLC**

757 NW 27TH Avenue Suite 201 Miami, FL 33125-3012

 (786) 472-0230

 N/A [Directions](#) 





Mr. Julio Cevares Alcantara
(Nurse Practitioner)



Email



Website

Practice Business Name

Cevares Medical Care, LLC

Address

757 NW 27TH Avenue Suite 201 Miami, FL 33125-3012

Hours of Operation

monday through sunday 0800-1700

National Registry Number

9264895827

Certification Date

05/31/2022

Distance

N/A

Business Phone

(786) 472-0230

Business Fax Number

7864086242

Business Email

cevares@aol.com



Query Detail

Query Overview

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

Query Result: Driver Not Prohibited

Query Status: Completed (9/30/2024 13:10:35)

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

Driver Information

Name: RICARDO ROVIROSA

Date of Birth: 1/7/1973

CDL/CLP ⓘ: US-FL-R162720730070

Consent Information

Requested: 9/30/2024 12:24:52

Recorded: 9/30/2024 13:10:35

Status: Provided

Query History

Created: 9/30/2024 12:24:52

Completed: 9/30/2024 13:10:35

Query Result: Driver Not Prohibited

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Open Violations

No Open Violations