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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: Perez Alvarez First Name: Ariel 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 ☐ 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

12/21/2025

Medical Examiner's Signature

Medical Examiner's Name (please print or type)

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

Medical Examiner's Telephone Number

Date Certificate Signed

- 363-674-8585 12/21/2023
☐ MD ☐ Physician Assistant ☒ Advanced Practice Nurse
☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____

Issuing State

National Registry Number

Florida2651809759

Driver's Signature

Driver's License Number

Issuing State/Province

Driver's Address

Street Address:

612 Orange Rd

City:

Clewiston

State/Province:

FL

Zip Code:

33440CLP/CDL Applicant/Holder
☒ Yes ☐ No

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Search Medical Examiners

Miles

National Registry Number

Business Name

2651809759

First Name

Last Name


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 **Mr. Mario Aballe (Advanced Practice Registered Nurse)**

 **Union Family Health Care LLC**

50 Belmont st Unit A Labelle, FL 33935

 (863) 674-8585

 N/A [Directions](#)





Mr. Mario Aballe

(Advanced Practice Registered Nurse)



Email



Website

Practice Business Name

Union Family Health Care LLC

Address

50 Belmont st Unit A Labelle, FL 33935

Hours of Operation

-

National Registry Number

2651809759

Certification Date

01/17/2023

Distance

N/A

Business Phone

(863) 674-8585

Business Fax Number

8636748587

Business Email

admin@unionfhc.com



Query Detail

Query Overview

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

Query Result: Driver Not Prohibited

Query Status: Completed (10/3/2024 10:36:58)

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

Driver Information

Name: ARIEL PEREZ ALVAREZ

Date of Birth: 9/13/1974

CDL/CLP ⓘ: US-FL-P624000743330

Consent Information

Requested: 10/3/2024 10:26:20

Recorded: 10/3/2024 10:36:58

Status: Provided

Query History

Created: 10/3/2024 10:26:20

Completed: 10/3/2024 10:36:58

Query Result: Driver Not Prohibited

LEARN MORE

 The Return-to-Duty Process

Open Violations

No Open Violations