

Form MCSA-5876

U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

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Medical Examiner's Certificate
(for Commercial Driver Medical Certification)

I certify that I have examined Last Name Santiago Teban First Name: Edvardo 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 Date

03/06/2024

Medical Examiner's Signature

Medical Examiner's Name (please print or type)

MICHAEL R. TRAMONTANA, DC, PA

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

CH 6523

Medical Examiner's Telephone Number
(561) 272-6047

Date Certificate Signed

03/06/2024

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

Issuing State

Florida

National Registry Number

2556730133

Driver's Signature

Driver's License Number

5532200610550

Issuing State/Province

FLORIDA

Driver's Address

Street Address:

19969 Villa Medici Pl. City: Boca Raton State/Province: FL Zip Code: 33434

CLP/CDL Applicant/Holder

Yes ☒ No ☐



Search Medical Examiners

Miles

National Registry Number

Business Name

2556730133

First Name

Last Name


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 **Dr. Michael Tramontana (Doctor Of Chiropractic)**

 **Michael Tramontana DC PA**

100 E Linton Blvd Suite 208B Delray

Beach, FL 33483

 (561) 272-6047

 N/A [Directions](#)

Palm Beach Lakes Blvd

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Dr. Michael Tramontana
(Doctor Of Chiropractic)



Email



Website

Practice Business Name

Michael Tramontana DC PA

Address

100 E Linton Blvd Suite 208B Delray Beach, FL 33483

Hours of Operation

9-5 pm monday to friday

National Registry Number

2556730133

Certification Date

07/28/2016

Distance

N/A

Business Phone

(561) 272-6047

Business Fax Number

-

Business Email

drtramontana@bellsouth.net



Palm Beach Lakes Blvd

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Query Detail

Query Overview

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

Query Result: Driver Not Prohibited

Query Status: Completed (10/7/2024 12:43:32)

Conducted By: Teodora Nikolic

Query Type: Pre-employment

Query Submitted: Manually

Driver Information

Name: EDUARDO SANTIESTEBAN

Date of Birth: 2/15/1961

CDL/CLP ⓘ: US-FL-S532200610550

Consent Information

Requested: 10/7/2024 12:35:02

Recorded: 10/7/2024 12:43:32

Status: Provided

Query History

Created: 10/7/2024 12:35:02

Completed: 10/7/2024 12:43:32

Query Result: Driver Not Prohibited

LEARN MORE

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

Open Violations

No Open Violations