Form MCSA-5876

OMB No.: 2126-0006 Expiration Date: 03/31/2025

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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:** Montesinos Rodriguez **First Name:** Carlos 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)*

Medical Examiner's Certificate Expiration Date
11/11/2025

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 Signature [signature]

Medical Examiner's Telephone Number (786) 558-8073

Date Certificate Signed 11/11/2023

Medical Examiner's Name *(please print or type)* ROSA ALARCON

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

Medical Examiner's State License, Certificate, or Registration Number APRN9419445

Issuing State FL

National Registry Number 4356093074

Driver's Signature Carlos M

Driver's License Number M532-100-71-214-0

Issuing State/Province FL

Driver's Address
Street Address: 2525 W 73 Pl City: Hialeah State/Province: FL Zip Code: 33016

CLP/CDL Applicant/Holder ● Yes ○ No

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Rev 3/29/22

Search Medical Examiners

City, State or Zipcode | 10 | Miles

National Registry Number: 4356093074

Business Name:

First Name:

Last Name:

Basic Search | Search

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Mrs. Rosa Alarcon (Nurse Practitioner)

Miami DOT Exams Corp

7801 Coral Way Suite #114 Miami, FL 33155

(786) 558-8073 *N/A* Directions

7811

Mrs. Rosa Alarcon
(Nurse Practitioner)

Email Website

Practice Business Name
Miami DOT Exams Corp

Address
7801 Coral Way Suite #114 Miami, FL 33155

Hours of Operation
m-f 9:00am-4:30pm sat 9:00am-1:00pm

National Registry Number
4356093074

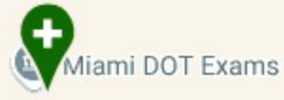
Certification Date
08/12/2020

Distance
N/A

Business Phone
(786) 558-8073

Business Fax Number
7865588190

Business Email
dot305miami@gmail.com



7811

Query Detail

Query Overview

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

Query Result: Driver Not Prohibited

Query Status: Completed (11/4/2024 12:33:56)

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

Driver Information

Name: CARLOS MONTESINOS RODRIGUEZ
Date of Birth: 6/14/1971
CDL/CLP: US-FL-M228012490000

Consent Information

Requested: 11/4/2024 12:24:37
Recorded: 11/4/2024 12:33:56
Status: Provided

Query History

Created: 11/4/2024 12:24:37
Completed: 11/4/2024 12:33:56
Query Result: Driver Not Prohibited

Open Violations

No Open Violations

LEARN MORE

The Return-to-Duty Process