

## 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:** Reid-Jones **First Name:** Cedrik 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**10/10/2025**Medical Examiner's Signature****Medical Examiner's Telephone Number**(919) 776-6767**Date Certificate Signed**10/10/2023**Medical Examiner's Name (please print or type)**stacie stegall☐ MD ☒ Physician Assistant ☐ Advanced Practice Nurse☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) \_\_\_\_\_**Medical Examiner's State License, Certificate, or Registration Number**0010-03328**Issuing State**North Carolina**National Registry Number**3301636951**Driver's Signature****Driver's License Number**26556238**Issuing State/Province**North Carolina**Driver's Address****Street Address:** 3050 Emerson Glen Lane Apt 408**City:** raleigh**State/Province:** NC**Zip Code:** 27603**CLP/CDL Applicant/Holder**☒ Yes ☐ No

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## Search Medical Examiners

Miles

National Registry Number  Business Name

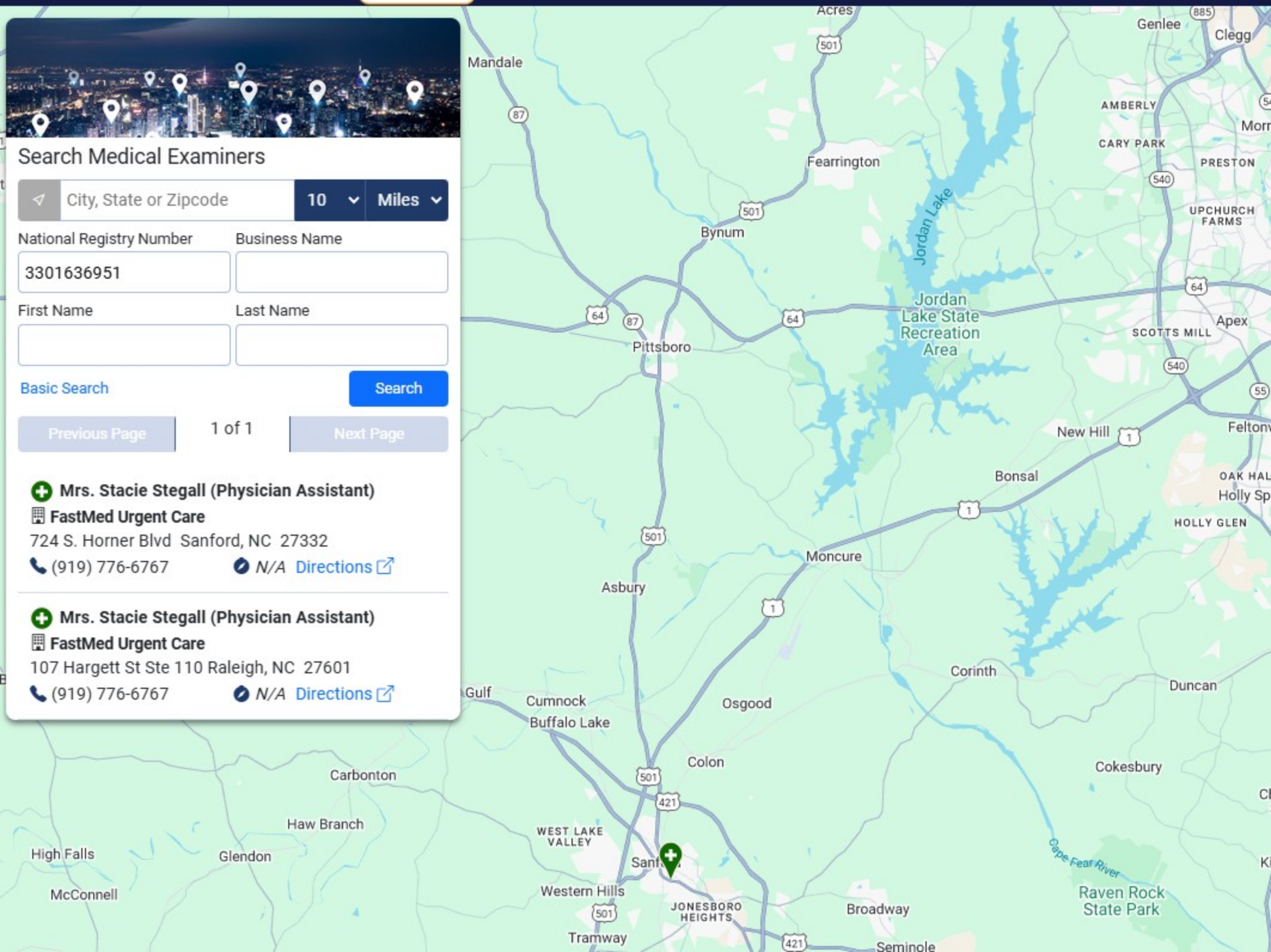
First Name  Last Name

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**Mrs. Stacie Stegall (Physician Assistant)**  
**FastMed Urgent Care**  
 724 S. Horner Blvd Sanford, NC 27332  
 (919) 776-6767 N/A [Directions](#)

**Mrs. Stacie Stegall (Physician Assistant)**  
**FastMed Urgent Care**  
 107 Hargett St Ste 110 Raleigh, NC 27601  
 (919) 776-6767 N/A [Directions](#)







**Mrs. Stacie Stegall**  
(Physician Assistant)



Email



WWW.

Website

**Practice Business Name**

FastMed Urgent Care

**Address**

107 Hargett St Ste 110 Raleigh, NC 27601

**Hours of Operation**

-

**National Registry Number**

3301636951

**Certification Date**

03/11/2016

**Distance**

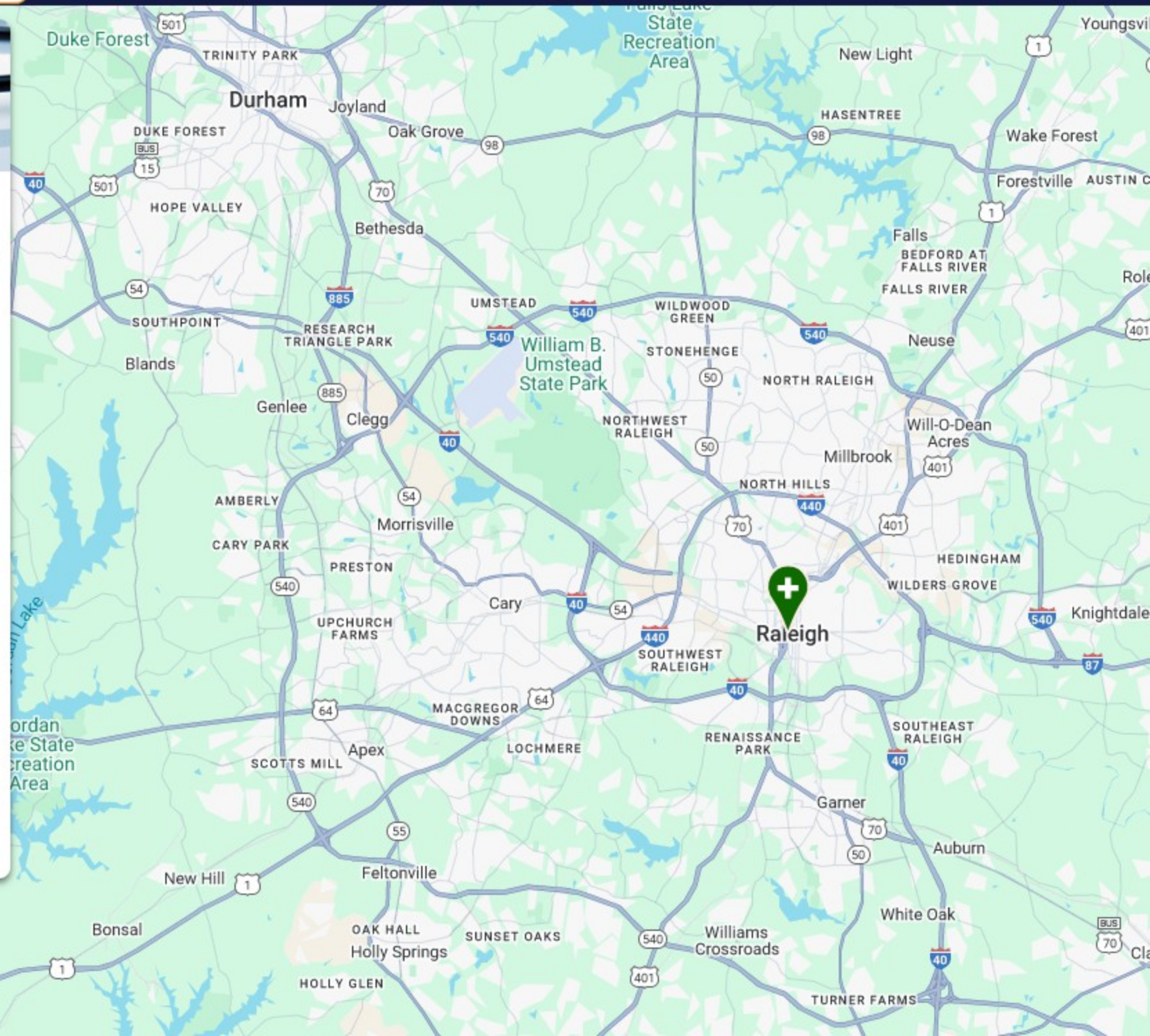
N/A

**Business Phone**

(919) 776-6767

**Business Fax Number**

-





# Query Detail

## Query Overview

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

Query Result: Driver Not Prohibited

Query Status: Completed (11/11/2024 11:48:57)

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

### Driver Information

Name: CEDRIK REID-JONES  
Date of Birth: 2/18/1985  
CDL/CLP ⓘ: US-NC-26556238

### Consent Information

Requested: 11/11/2024 11:46:50  
Recorded: 11/11/2024 11:48:57  
Status: Provided

### Query History

Created: 11/11/2024 11:46:50  
Completed: 11/11/2024 11:48:57  
Query Result: Driver Not Prohibited

## LEARN MORE

■ The Return-to-Duty Process

## Open Violations

No Open Violations