Form MCSA-5876

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

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:** Kaye **First Name:** Jean in accordance with *(please check only*

- ◉ the Federal Motor Carrier Safety Regulations (49 CFR 391.43–391.49) 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 completed 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
05/07/2026

Medical Examiner's Signature

Medical Examiner's Name *(please print or type)*
Massaquoi, Albert

Medical Examiner's Telephone Number
(360)455-1350

Date Certificate Signed
05/07/2024

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

Medical Examiner's State License, Certificate, or Registration Number
PA60920819

Issuing State
WA

National Registry Number
8562033147

Driver's Signature

Driver's License Number
K000466833640

Issuing State/Province
FL

Driver's Address

Street Address: 12206 w sample rd City: Coral Springs State/Province: FL Zip Code: 33065

CLP/CDL Applicant/Holder
◉ Yes ○ No

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Search Medical Examiners

City, State or Zipcode | 10 | Miles

National Registry Number: 8562033147

Business Name:

First Name:

Last Name:

Basic Search | Search

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Mr. ALBERT MASSAQUOI (Physician Assistant)
Concentra Medical Center
3928 PACIFIC AVE SE LACEY, WA 98503
(360) 455-1350 *N/A* Directions

Mr. ALBERT MASSAQUOI (Physician Assistant)
Concentra Medical Center
3928 PACIFIC AVE SE LACEY, WA 98503
(360) 455-1350 *N/A* Directions

Mr. ALBERT MASSAQUOI
(Physician Assistant)

Email Website

Practice Business Name
Concentra Medical Center

Address
3928 PACIFIC AVE SE LACEY, WA 98503

Hours of Operation
-

National Registry Number
8562033147

Certification Date
02/05/2024

Distance
N/A

Business Phone
(360) 455-1350

Business Fax Number
-

Business Email
amassaquoi@concentra.com

Query Detail

Query Overview

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

Query Result: Driver Not Prohibited

Query Status: Completed (11/14/2024 17:04:25)

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

Driver Information

Name: JEAN KAYE
Date of Birth: 10/4/1983
CDL/CLP: US-FL-K000466833640

Consent Information

Requested: 11/14/2024 17:03:09
Recorded: 11/14/2024 17:04:25
Status: Provided

Query History

Created: 11/14/2024 17:03:09
Completed: 11/14/2024 17:04:25
Query Result: Driver Not Prohibited

Open Violations

No Open Violations

LEARN MORE

- The Return-to-Duty Process