

## 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:** Machado **First Name:** Andres 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  
11/04/2026

Medical Examiner's Signature

Medical Examiner's Telephone Number

305-770-4500

Date Certificate Signed

11/04/2024

Medical Examiner's Name (please print or type)

Andrew Gordon

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

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

ME122670

Issuing State

FL

National Registry Number

4995784791

Driver's Signature

Driver's License Number

M231006861760

Issuing State/Province

FL

Driver's Address

Street Address: 404 NW 207th St, 107City: MIAMI GARDENSState/Province: FLZip Code: 33169

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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## Search Medical Examiners

10
Miles

National Registry Number

Business Name



First Name

Last Name



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[Previous Page](#)

1 of 1

[Next Page](#)

**Dr. Andrew Gordon (Medical Doctor)**

**Concentra Urgent Care**

17601 Suite S Miami Gardens, FL 33169

(305) 770-4500

N/A [Directions](#)

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(305) 770-4500

N/A [Directions](#)

NW Miami Ct

NW Miami Ct

NW Miami Ct





Dr. Andrew Gordon  
(Medical Doctor)



Email



Website

**Practice Business Name**

Concentra Urgent care

**Address**

17601 Suite S Miami Gardens, FL 33169

**Hours of Operation**

8 am to 5 pm (m- f)

**National Registry Number**

4995784791

**Certification Date**

06/09/2015

**Distance**

N/A

**Business Phone**

(305) 770-4500

**Business Fax Number**

3057700020

**Business Email**

andrew\_gordon@concentra.com

**Business Website**

www.concentra.com/

NW Miami Ct

NW Miami Ct

NW Miami Ct

NW N



## Query Detail

### Query Overview

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

**Query Result:** Driver Not Prohibited

**Query Status:** Completed (11/21/2024 11:21:57)

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

#### Driver Information

**Name:** ANDRES MACHADO VASQUEZ

**Date of Birth:** 5/16/1986

**CDL/CLP ⓘ:** US-FL-M231006861760

#### Consent Information

**Requested:** 11/21/2024 11:20:34

**Recorded:** 11/21/2024 11:21:57

**Status:** Provided

#### Query History

**Created:** 11/21/2024 11:20:34

**Completed:** 11/21/2024 11:21:57

**Query Result:** Driver Not Prohibited

### LEARN MORE

 The Return-to-Duty Process

### Open Violations

No Open Violations