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INSTRUCTIONS: 1. Lift laminate cover. 2. Complete certificate (write firmly).

3. Remove liner from laminate. 4. Apply laminate to top ply. 5. Remove stub and carbon.

6. Provide top ply to DRIVER, bottom ply to MOTOR CARRIER.

THIS STUB MUST BE REMOVED UPON COMPLETION OF THE CERTIFICATE

Form MCSA-5876

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



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

Public Burden Statement

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to be approximately one minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

I certify that I have examined Last Name: Johnson First Name: Gregory 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)

Medical Examiner's Certificate Expiration Date

5/2/2025

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

Pamela Dobson

Medical Examiner's Name (please print or type)

Pamela Dobson

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

PA 9112885

Medical Examiner's Telephone Number

407-362-2630

Date Certificate Signed

5/2/2024

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

Issuing State

FL

National Registry Number

7004631161

Driver's Signature

[Signature]

Driver's License Number

1525281814020

Issuing State/Province

Florida

Driver's Address

Street Address: 1935 Cranberry Isles way City: Apopka

State/Province: FL

Zip Code: 32712 ☒ Yes ☐ No

CLP/CDL Applicant/Holder

This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.

Rev 3/1/23



Search Medical Examiners

National Registry Number

Business Name

First Name

Last Name


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 **Miss. Purveena Doobay (Physician Assistant)**

 **CareSpot Urgent Care**

2555 S Kirkman Road Orlando, FL 32811

 (407) 362-2030

 N/A [Directions](#)





Miss. Purveena Doobay

(Physician Assistant)



Email



Website

Practice Business Name

CareSpot Urgent Care

Address

2555 S Kirkman Road Orlando, FL 32811

Hours of Operation

8:00am to 9:00pm 7 days a week

National Registry Number

7004631161

Certification Date

11/10/2020

Distance

N/A

Business Phone

(407) 362-2030

Business Fax Number

4073622040

Business Email

purveena.doobay@carespot.com

Business Website

www.carespot.com



Query Detail

Query Overview

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

Query Result: Driver Not Prohibited

Query Status: Completed (11/26/2024 9:13:41)

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

Driver Information

Name: GREGORY JOHNSON

Date of Birth: 11/2/1981

CDL/CLP ⓘ: US-FL-J525281814020

Consent Information

Requested: 11/26/2024 9:11:51

Recorded: 11/26/2024 9:13:41

Status: Provided

Query History

Created: 11/26/2024 9:11:51

Completed: 11/26/2024 9:13:41

Query Result: Driver Not Prohibited

LEARN MORE

 The Return-to-Duty Process

Open Violations

No Open Violations