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:** 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)*:

- [X] 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)*
- [ ] 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: 5-3-2027

Medical Examiner's Signature: Purveena Doobay

Medical Examiner's Name *(please print or type)*: Purveena Doobay

Medical Examiner's Telephone Number: 407 362 2030

Date Certificate Signed: 5-3-2025

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

Medical Examiner's State License, Certificate, or Registration Number: PA9112665

Issuing State: FL

National Registry Number: 7004631161

Driver's Signature: [signature]

Driver's License Number: I525281814020

Issuing State/Province: FL

Driver's Address
Street Address: 1935 Cranberry Isles Way City: Apopka State/Province: FL Zip Code: 32712

CLP/CDL Applicant/Holder: (●) Yes ( ) No

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Rev 3/1/23

NATIONAL REGISTRY OF CERTIFIED MEDICAL EXAMINERS

Home Register Find A Medical Examiner NRII Learning Cen

Search Medical Examiners

City, State or Zipcode | 10 | Miles

National Registry Number: 7004631161

Business Name:

First Name:

Last Name:

Basic Search | Search

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Miss. Purveena Doobay (Physician Assistant)

CareSpot Urgent Care

5355 Red Bug Lake Rd Winter Springs, FL 32708

(321) 304-3300 *N/A* Directions

Miss. Purveena Doobay

(Physician Assistant)

Email Website

Practice Business Name
CareSpot Urgent Care

Address
5355 Red Bug Lake Rd Winter Springs, FL 32708

Hours of Operation
8:00am to 8:00pm 7 days a week

National Registry Number
7004631161

Certification Date
11/10/2020

Distance
N/A

Business Phone
(321) 304-3300

Business Fax Number
3213043287

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 (6/18/2025 13:11:38)

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: 6/18/2025 13:00:35
Recorded: 6/18/2025 13:11:38
Status: Provided

Query History

Created: 6/18/2025 13:00:35
Completed: 6/18/2025 13:11:38
Query Result: Driver Not Prohibited

Open Violations

No Open Violations

LEARN MORE

The Return-to-Duty Process