

Department of Transportation
Florida Motor Vehicle
Safety Administration

Medical Examiner's Certificate
(for Commercial Driver Medical Certification)

I certify that I have examined **Last Name: DEDE** **First Name: MEZAC** in accordance with (please check only one):

☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41, 391.43) 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, 391.43) 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 391.41 (Federal))

☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.44 (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 Signature: P. Molina **Medical Examiner's Telephone Number:** (305) 301-8550 **Date Certificate Signed:** 3/14/23

Medical Examiner's Name (please print or type): Peter Molina, PA-C ☐ MD ☒ Physician Assistant ☐ Advanced Practice Nurse

Medical Examiner's State License, Certificate, or Registration Number: PA9111481 ☐ DO ☐ Chiropractor ☐ Other Practitioner (specify): _____

Issuing State: FL **National Registry Number:** 7154750880

Driver's Signature: [Signature] **Driver's License Number:** D3005404050 **Issuing State/Province:** FL

Driver's Address: 13940 NE 10 Ave **City:** Mia **State/Province:** FL **ZIP Code:** 33161 **CLP/CPL Applicant/Holder:** ☒ Yes ☐ No



Search Medical Examiners

Miles

National Registry Number

Business Name

7154750880

First Name

Last Name


Basic Search

Search

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 **Mr. Peter Molina (Physician Assistant)**

 **Acevedo Medical Group**

2400 NW 54th St miami, FL 33142

 (305) 633-9090

 N/A [Directions](#) 





Mr. Peter Molina
(Physician Assistant)



Email



Website

Practice Business Name

Acevedo Medical Group

Address

2400 NW 54th St miami, FL 33142

Hours of Operation

-

National Registry Number

7154750880

Certification Date

12/01/2018

Distance

N/A

Business Phone

(305) 633-9090

Business Fax Number

-

Business Email

acevedo.urgentcare@gmail.com

Business Website

acevedomedicalcaregroup.com/





Query Detail

Query Overview

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

Query Result: Driver Not Prohibited

Query Status: Completed (12/2/2024 14:26:34)

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

Driver Information

Name: MEZAC DEDE

Date of Birth: 11/5/1990

CDL/CLP ⓘ: US-FL-D300540904050

Consent Information

Requested: 12/2/2024 14:12:45

Recorded: 12/2/2024 14:26:34

Status: Provided

Query History

Created: 12/2/2024 14:12:45

Completed: 12/2/2024 14:26:34

Query Result: Driver Not Prohibited

LEARN MORE

■ The Return-to-Duty Process

Open Violations

No Open Violations