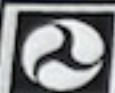


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U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

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

I certify that I have examined **Last Name:** GONZALEZ NORONA **First Name:** CARLOS 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 Date8/1/2025**Medical Examiner's Signature****Medical Examiner's Telephone Number**954-492-2035**Date Certificate Signed**8/1/2024**Medical Examiner's Name (please print or type)**Asfar Mushtaq☒ MD ☐ Physician Assistant ☐ Advanced Practice Nurse☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____**Issuing State**FL**National Registry Number**9295802787**Medical Examiner's State License, Certificate, or Registration Number**ME123502**Driver's License Number**G524118683760**Issuing State/Province**FL**Driver's Signature****CLP/CDL Applicant/Holder**☒ Yes ☐ No**Driver's Address****Street Address:** 1738 SW 7TH DR**City:** POMPANO BEACH**State/Province:** FL**Zip Code:** 33060

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 **ASFAR MUSHTAQ (Medical Doctor)**

 **MD NOW URGENT CARE**

2502 N. Federal Highway Lighthouse

Point, FL 33064

 (954) 943-3880

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ASFAR MUSHTAQ

(Medical Doctor)



Email



Website

Practice Business Name

MD NOW URGENT CARE

Address

2502 N. Federal Highway Lighthouse Point, FL 33064

Hours of Operation

8am-8pm

National Registry Number

9295802787

Certification Date

07/12/2017

Distance

N/A

Business Phone

(954) 943-3880

Business Fax Number

-

Business Email

amushtaq@mdnow.com

Business Website

www.mdnow.com



2502

Query Detail

Query Overview

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

Query Result: Driver Not Prohibited

Query Status: Completed (12/13/2024 13:03:23)

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

Driver Information

Name: CARLOS GONZALEZ

Date of Birth: 10/16/1968

CDL/CLP ⓘ: US-FL-G524118683760

Consent Information

Requested: 12/13/2024 13:00:20

Recorded: 12/13/2024 13:03:23

Status: Provided

Query History

Created: 12/13/2024 13:00:20

Completed: 12/13/2024 13:03:23

Query Result: Driver Not Prohibited

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 [The Return-to-Duty Process](#)

Open Violations

No Open Violations