

## 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:** ROJAS ECHEMENDIA

**First Name:** MICHEL

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

☐ Qualified by operation of 49 CFR 391.64 (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

01/15/2026

Medical Examiner's Signature

Medical Examiner's Telephone Number

Date Certificate Signed

7868701212

01/15/2024

Medical Examiner's Name (please print or type)

☐ MD ☐ Physician Assistant ☒ Advanced Practice Nurse

ELIZABETT VALDIVIA

☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) \_\_\_\_\_

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

Issuing State

National Registry Number

APRN11006779

Florida

4817280352

Driver's Signature

Driver's License Number

Issuing State/Province

R222540852060

Florida

Driver's Address

State/Province: FL

Zip Code: 33127

CLP/CDL Applicant/Holder

Street Address: 6145 NW 7TH AVE APT 811

City: MIAMI

☒ Yes ☐ No

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## Search Medical Examiners

National Registry Number

Business Name

First Name

Last Name

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 **Mrs. Elizabett Valdivia (Advanced Practice  
Registered Nurse)**

 **D DE LA VEGA MD PA**

11093 NW 138 STREET SUITE 112 HIALEAH  
GARDENS, FL 33018

 (786) 870-1212

 N/A [Directions](#) 





**Mrs. Elizabett Valdivia**

(Advanced Practice Registered Nurse)



Email



Website

**Practice Business Name**

D DE LA VEGA MD PA

**Address**

11093 NW 138 STREET SUITE 112 HIALEAH  
GARDENS, FL 33018

**Hours of Operation**

-

**National Registry Number**

4817280352

**Certification Date**

04/19/2022

**Distance**

N/A

**Business Phone**

(786) 870-1212

**Business Fax Number**

-

**Business Email**

ddelavegamdpa@gmail.com



# Query Detail

## Query Overview

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

**Query Result:** Driver Not Prohibited

**Query Status:** Completed (1/3/2025 10:38:56)

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

### Driver Information

**Name:** MICHEL ROJAS ECHEMENDIA  
**Date of Birth:** 6/6/1985  
**CDL/CLP ⓘ:** US-FL-R222540852060

### Consent Information

**Requested:** 1/3/2025 10:37:33  
**Recorded:** 1/3/2025 10:38:56  
**Status:** Provided

### Query History

**Created:** 1/3/2025 10:37:33  
**Completed:** 1/3/2025 10:38:56  
**Query Result:** Driver Not Prohibited

## LEARN MORE

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

## Open Violations

No Open Violations