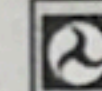


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U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

I certify that I have examined Last Name: Navarro 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 Date

04/22/2026

Medical Examiner's Signature

Medical Examiner's Telephone Number

(702)558-6275

Date Certificate Signed

04/22/2024

Medical Examiner's Name (please print or type)

Dy, Melinda

☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse

☒ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____

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

1302

Issuing State

NV

National Registry Number

1024423194

Driver's Signature

Driver's License Number

N160100820180

Issuing State/Province

FL

Driver's Address

Street Address: 4129 mission ct

City: kissimmee

State/Province: FL

Zip Code: 34741

☒ Yes ☐ No

CLP/CDL Applicant/Holder

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**FMCSA**

Federal Motor Carrier Safety Administration

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1 of 1

[Next Page](#) **Dr. Melinda Dy (Doctor Of Osteopathy)** **Concentra**

149 North Gibson Rd. Ste H Henderson, NV 89014

(702) 558-6275

 N/A [Directions](#)

s St

W Brooks Ave

Brooks St

W Brooks Ave





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Dr. Melinda Dy

(Doctor Of Osteopathy)



Email



Website

Practice Business Name

Concentra

Address

149 North Gibson Rd. Ste H Henderson, NV 89014

Hours of Operation

8-5

National Registry Number

1024423194

Certification Date

11/19/2013

Distance

N/A

Business Phone

(702) 558-6275

Business Fax Number

-

Business Email

melinda_dy@concentra.com

s St

W Brooks Ave

Brooks St

W Br



Query Detail

Query Overview

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

Query Result: Driver Not Prohibited

Query Status: Completed (2/12/2025 14:02:08)

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

Driver Information

Name: CARLOS NAVARRO

Date of Birth: 1/18/1982

CDL/CLP ⓘ: US-FL-N160100820180

Consent Information

Requested: 2/12/2025 13:45:00

Recorded: 2/12/2025 14:02:08

Status: Provided

Query History

Created: 2/12/2025 13:45:00

Completed: 2/12/2025 14:02:08

Query Result: Driver Not Prohibited

LEARN MORE

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

Open Violations

No Open Violations