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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: Rodriguez Casanueva** **First Name: Yerson** in accordance with (please check only one):

- ☒ the Federal Motor Carrier Safety Regulations (9 CFR 391.41-391.42) 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 (9 CFR 391.41-391.42) 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 (9 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

09/30/2026

Medical Examiner's Signature

Medical Examiner's Telephone Number

(786) 558-8073

Date Certificate Signed

09/30/2024

Medical Examiner's Name (please print or type)

ROSA ALARCON

- ☐ MD ☐ Physician Assistant ☒ Advanced Practice Nurse
☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____

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

APRN9419445

Issuing State

FL

National Registry Number

4356093074

Driver's Signature

Driver's License Number

R240-245-46-400-0

Issuing State/Province

FL

Driver's Address

Street Address: 2997 W Flagler St Apt R

City: Miami

State/Province: FL

Zip Code: 33135

CLP/CDL Applicant

☒ Yes ☐ No



FMCSA

Federal Motor Carrier Safety Administration



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National Registry Number

Business Name

4356093074

First Name

Last Name

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 **Mrs. Rosa Alarcon (Nurse Practitioner)**

 **Miami DOT Exams Corp**

7801 Coral Way Suite #114 Miami, FL 33155

 (786) 558-8073

 N/A [Directions](#)



Miami DOT Exams

**FMCSA**

Federal Motor Carrier Safety Administration

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Mrs. Rosa Alarcon
(Nurse Practitioner)

[Email](#)[Website](#)**Practice Business Name**

Miami DOT Exams Corp

Address

7801 Coral Way Suite #114 Miami, FL 33155

Hours of Operation

m-f 9:00am-4:30pm sat 9:00am-1:00pm

National Registry Number

4356093074

Certification Date

08/12/2020

Distance

N/A

Business Phone

(786) 558-8073

Business Fax Number

7865588190

Business Email

dot305miami@gmail.com



Miami DOT Exams

Query Detail

Query Overview

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

Query Result: Driver Not Prohibited

Query Status: Completed (2/4/2025 14:28:08)

Conducted By: Teodora Nikolic

Query Type: Pre-employment

Query Submitted: Manually

Driver Information

Name: YERSON RODRIGUEZ
CASANUEVA
Date of Birth: 1/8/1999
CDL/CLP ⓘ: US-FL-R240245464000

Consent Information

Requested: 2/4/2025 14:17:59
Recorded: 2/4/2025 14:28:08
Status: Provided

Query History

Created: 2/4/2025 14:17:59
Completed: 2/4/2025 14:28:08
Query Result: Driver Not Prohibited

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 The Return-to-Duty Process ▾

Open Violations

No Open Violations