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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:** Plazas Vega **First Name:** Jose in accordance with *(please check only one)*:

- [x] 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 intra-state 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
- [ ] Wearing hearing aid
- [ ] Accompanied by a _____ waiver/exemption
- [ ] Accompanied by a Skill Performance Evaluation (SPE) Certificate
- [ ] Driving within an exempt intracity zone (49 CFR 391.62 *(Federal)*)
- [ ] 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: 08/17/2025

Medical Examiner's Signature: Kathy Monroe

Medical Examiner's Telephone Number: (832) 232-1702

Date Certificate Signed: 08/17/2023

Medical Examiner's Name *(please print or type)*: Kathy Monroe

- [ ] MD
- [ ] DO
- [ ] Physician Assistant
- [ ] Chiropractor
- [x] Advanced Practice Nurse
- [ ] Other Practitioner *(specify)*: _____

Medical Examiner's State License, Certificate, or Registration Number: APRN9333500

Issuing State: FL

National Registry Number: 4169384668

Driver's Signature: [signature]

Driver's License Number: P422436624080

Issuing State/Province: FL

Driver's Address

Street Address: 16153sw 17th ave City: Ocala State/Province: FL Zip Code: 34473

CLP/CDL Applicant/Holder: [x] Yes [ ] No

United States Department of Transportation

FMCSA
Federal Motor Carrier Safety Administration

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Ms. Kathy Monroe (Nurse Practitioner)
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(813) 626-3926 *N/A* Directions

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Federal Motor Carrier Safety Administration

NATIONAL REGISTRY OF CERTIFIED MEDICAL EXAMINERS

Home Register Find A Medical Examiner

Ms. Kathy Monroe
(Nurse Practitioner)

Email Website

Practice Business Name
DOT Exam Tampa

Address
TravelCenters of America 11706 Tampa Gateway Blvd Tampa, FL 33584

Hours of Operation
m-f 9 am - 6 pm

National Registry Number
4169384668

Certification Date
08/12/2017

Distance
N/A

Business Phone
(813) 626-3926

Business Fax Number
-

Business Email
kathymonroe@dotexamtampa.com

Business Website
www.dotexamtampa.com

Query Detail

Query Overview

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

Query Result: Driver Not Prohibited

Query Status: Completed (2/24/2025 12:22:26)

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

Driver Information

Name: JOSE PLAZAS VEGA
Date of Birth: 11/8/1962
CDL/CLP: US-FL-P244489178000

Consent Information

Requested: 2/24/2025 12:21:12
Recorded: 2/24/2025 12:22:26
Status: Provided

Query History

Created: 2/24/2025 12:21:12
Completed: 2/24/2025 12:22:26
Query Result: Driver Not Prohibited

Open Violations

No Open Violations

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