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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:** Cachorro Sanchez **First Name:** Joan 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

2/25/2027

Medical Examiner's Signature

Medical Examiner's Telephone Number

(407) 859-5656

Date Certificate Signed

2/25/2025

Medical Examiner's Name (please print or type)

Ebonique Maeweathers

☐ MD ☒ Physician Assistant ☐ Advanced Practice Nurse

☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____

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

PA9100975

Issuing State

FL

National Registry Number

3681950077

Driver's Signature

Driver's License Number

C262493743281

Issuing State/Province

FL

Driver's Address

Street Address: 244 Owenshire Cir

City: Kissimmee

State/Province: FL

Zip Code: 34744

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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Search Medical Examiners

National Registry Number

Business Name

3681950077

First Name

Last Name

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 **Ms. Ebonique Maeweathers (Physician Assistant)**

 **Concentra**

12421 South Orange BlossomTrail Orlando, FL 32837

 (407) 859-5656

 N/A [Directions](#)

 **Ms. Ebonique Maeweathers (Physician Assistant)**

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 N/A [Directions](#)

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+ Ms. Ebonique Maeweathers
(Physician Assistant)



Email



Website

Practice Business Name

Concentra

Address

12421 South Orange BlossomTrail Orlando, FL 32837

Hours of Operation

-

National Registry Number

3681950077

Certification Date

11/23/2013

Distance

N/A

Business Phone

(407) 859-5656

Business Fax Number

-

9502



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Query Detail

Query Overview

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

Query Result: Driver Not Prohibited

Query Status: Completed (3/7/2025 12:52:02)

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

Driver Information

Name: JOAN CACHORRO SANCHEZ

Date of Birth: 9/8/1974

CDL/CLP ⓘ: US-FL-C262493743281

Consent Information

Requested: 3/7/2025 12:32:55

Recorded: 3/7/2025 12:52:02

Status: Provided

Query History

Created: 3/7/2025 12:32:55

Completed: 3/7/2025 12:52:02

Query Result: Driver Not Prohibited

LEARN MORE

 The Return-to-Duty Process

Open Violations

No Open Violations