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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:

Gimeranes Perez, Luis

First Name:

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 Signature

Medical Examiner's Name (please print or type)

CARLOS L. DELGADO

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

ME65801

Medical Examiner's Telephone Number

305-825-8170

Date Certificate Signed

05/19/2023

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

Issuing State
FLORIDANational Registry Number
3000735050

Driver's Signature

Driver's Address

Street Address:

6880 SW 37th Street
Miami FL 33155

Driver's License Number

G565520732480 FL

Issuing State/Province

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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National Registry Number

Business Name

First Name

Last Name

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1 of 1

[Next Page](#) **Dr. CARLOS DELGADO (Medical Doctor)** **CARLOS DELGADO MD PA**

1957 WEST 60 STREET HIALEAH, FL 33012

 (305) 825-8170 N/A [Directions](#) 

1943

1941

1937

← W 60th St

← W 60th St

← W 60th St

← W 60th St →



St

→ W 60th St

→ W 60th St

→ W 60th St

→ W 60th St

→ W 60th St

→ W 60th St



Dr. CARLOS DELGADO

(Medical Doctor)



Email



Website

Practice Business Name

CARLOS DELGADO MD PA

Address

1957 WEST 60 STREET HIALEAH, FL 33012

Hours of Operation

-

National Registry Number

3000735050

Certification Date

05/01/2014

Distance

N/A

Business Phone

(305) 825-8170

Business Fax Number

3058258177

Business Email

carlosdelgadomdp@yahoo.com

Business Website

https://www.md.com/doctor/carlos-l-delgado-md

1943

1941

1937

1931



W 60th St



W 60th St



W 60th St



W 60th St



W 60th St



t



W 60th St



W 60th St



W 60th St



W 60th St



W 60th St

Query Detail

Query Overview

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

Query Result: Driver Not Prohibited

Query Status: Completed (3/20/2025 11:32:51)

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

Driver Information

Name: LUIS GIMERANES PEREZ

Date of Birth: 7/8/1973

CDL/CLP ⓘ: US-FL-G565520732480

Consent Information

Requested: 3/20/2025 11:28:47

Recorded: 3/20/2025 11:32:51

Status: Provided

Query History

Created: 3/20/2025 11:28:47

Completed: 3/20/2025 11:32:51

Query Result: Driver Not Prohibited

LEARN MORE

 The Return-to-Duty Process

Open Violations

No Open Violations