

Form MCSA-5876

Public Burden Statement

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to be approximately 1 minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.



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)** Bernal Ramirez **(first name)** Julio 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 (specify type) _____

☐ Wearing hearing aid ☐ 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)

Medical Examiner's Certificate Expiration Date

10/04/2026

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 Telephone Number

(708) 579-4900

Date Certificate Signed

10/04/2024

Medical Examiner's Name (please print or type)

Anthony E. Golden, PA-C

/WorkRight Clinic

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

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

085-003163IL

Issuing State

Illinois

National Registry Number

3108231978

Driver's Signature

Driver's License Number

B654 420 78 060 0

Issuing State/Province

Florida

Driver's Address

Street Address: 5501 NW 7th St

City: Miami

State/Province: FL

Zip Code: 33126

CLP/CDL Applicant/Holder

☒ Yes☐ No

This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.

Rev 3/29/22

Workright Occupational Health Clinic

6555 Willow Springs Road, Countryside, IL 60525 **11921 S. Cicero Avenue, Alsip, IL 60803

Phone 708-579-4900 ** Fax 708-579-4901 ** team@wrohs.com



Search Medical Examiners

City, State or Zipcode

10

Miles

National Registry Number

Business Name

3108231978

First Name

Last Name

Basic Search

Search

Previous Page

1 of 1

Next Page

Mr. ANTHONY GOLDEN (Physician Assistant)
WORKRIGHT OCCUPATIONAL HEALTH SERVICES, SC

11921 S Cicero Ave Alsip, IL 60803

(708) 579-4900 N/A [Directions](#)

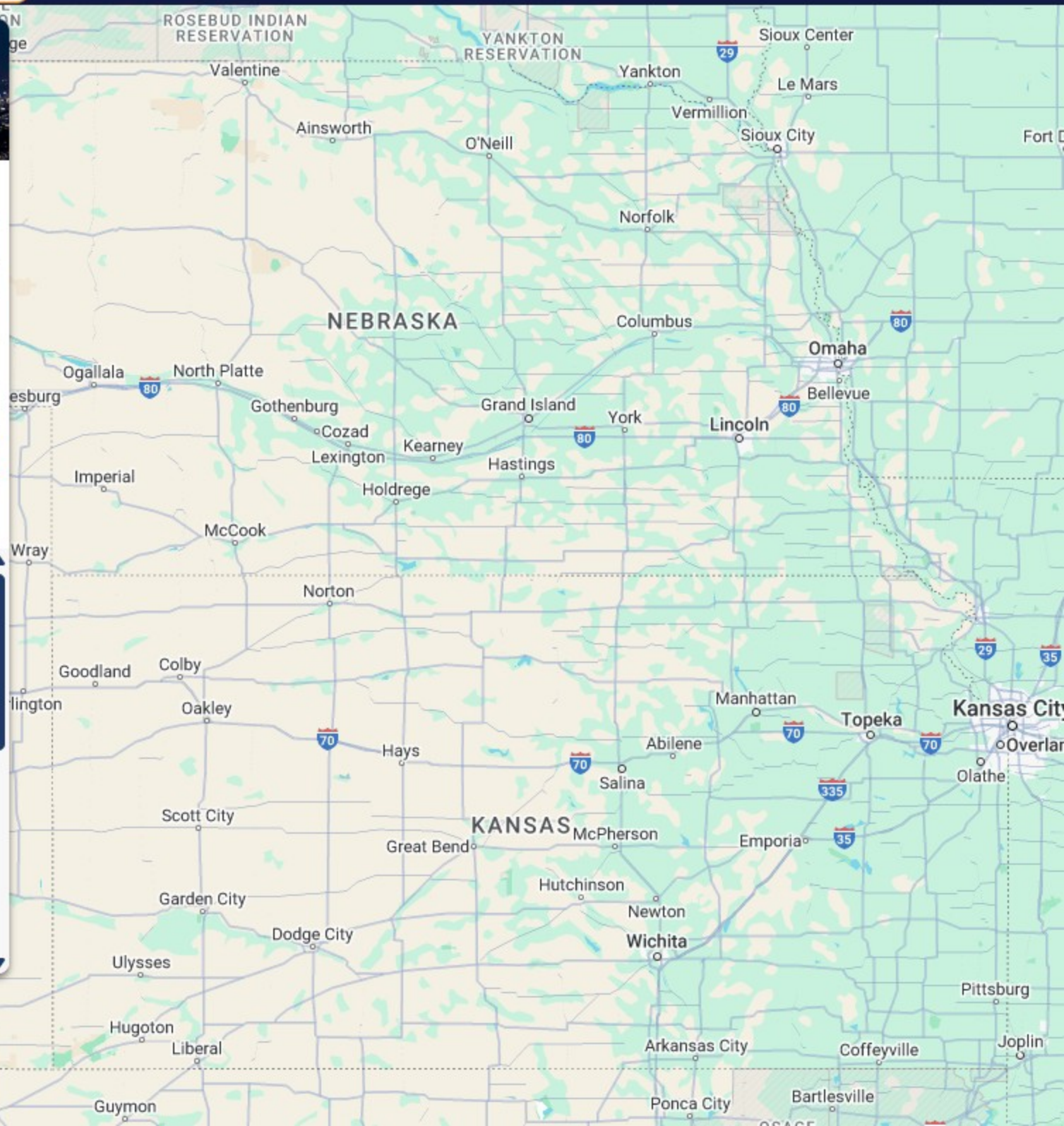
Mr. ANTHONY GOLDEN (Physician Assistant)
WORKRIGHT OCCUPATIONAL HEALTH SERVICES

6555 S Willow Springs Road Suite

6 Countryside, IL 60525

(708) 579-4900 N/A [Directions](#)

Mr. ANTHONY GOLDEN (Physician Assistant)
WORKRIGHT OCCUPATIONAL HEALTH SERVICES.





Mr. ANTHONY GOLDEN

(Physician Assistant)



Email



Website

Practice Business Name

WORKRIGHT OCCUPATIONAL HEALTH SERVICES

Address

6555 S Willow Springs Road Suite
6 Countryside, IL 60525

Hours of Operation

m-f 8:00am-5:00pm

National Registry Number

3108231978

Certification Date

05/08/2014

Distance

N/A

Business Phone

(708) 579-4900

Business Fax Number

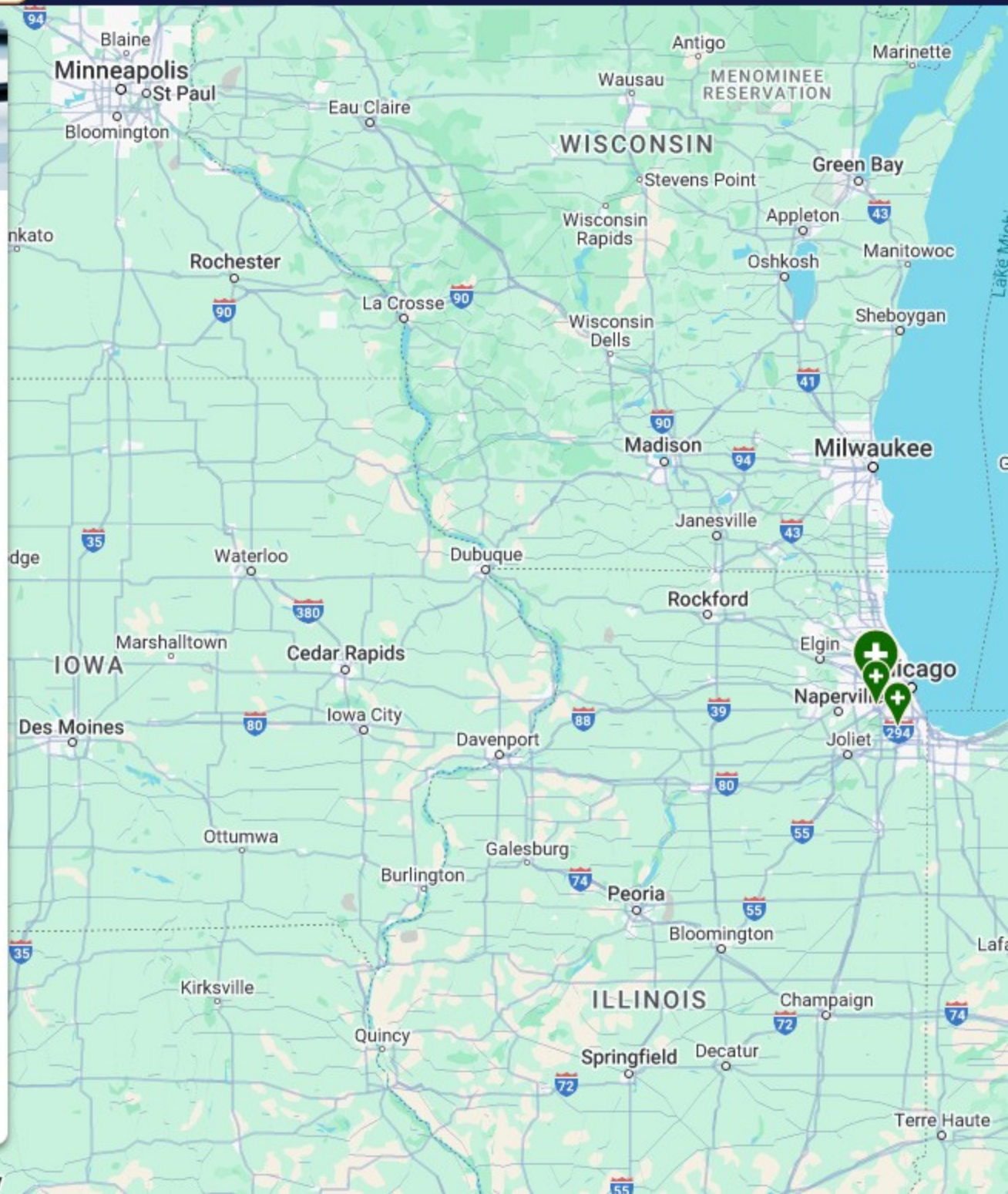
7085794901

Business Email

team@wrohs.com

Business Website

www.wrohs.com



Query Detail

Query Overview

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

Query Result: Driver Not Prohibited

Query Status: Completed (3/24/2025 10:18:21)

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

Driver Information

Name: JULIO BERNAL RAMIREZ

Date of Birth: 2/20/1978

CDL/CLP ⓘ: US-FL-B241840834000

Consent Information

Requested: 3/24/2025 10:10:07

Recorded: 3/24/2025 10:18:21

Status: Provided

Query History

Created: 3/24/2025 10:10:07

Completed: 3/24/2025 10:18:21

Query Result: Driver Not Prohibited

LEARN MORE

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

Open Violations

No Open Violations