Form MCSA-5876

OMB No.: 2126-0006 Expiration Date: 12/31/2024

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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:** Palacios **First Name:** Carlos 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 Certificate Expiration Date: 05/17/2025

Medical Examiner's Signature

Medical Examiner's Telephone Number: (786) 472-0230

Date Certificate Signed: 05/17/2023

Medical Examiner's Name *(please print or type)*: Julio Cevares Alcantara

( ) MD ( ) Physician Assistant (•) Advanced Practice Nurse
( ) DO ( ) Chiropractor ( ) Other Practitioner *(specify)* _____

Medical Examiner's State License, Certificate, or Registration Number: APRN9377003

Issuing State: Florida

National Registry Number: 9264895827

Driver's Signature

Driver's License Number: P422-108-76-203-1

Issuing State/Province: Florida

Driver's Address
Street Address: 2191 N Australian AVE APT 202 City: West Palm Beach State/Province: FL Zip Code: 33407

CLP/CDL Applicant/Holder (•) Yes ( ) No

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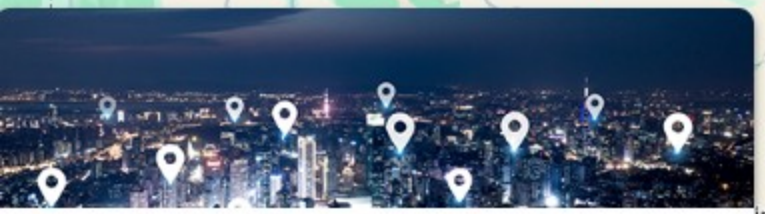
Rev 1/5/22



Search Medical Examiners

City, State or Zipcode | 10 | Miles

National Registry Number

9264895827

Business Name

First Name

Last Name

Basic Search

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Mr. Julio Cevares Alcantara (Nurse Practitioner)

Cevares Medical Care, LLC

757 NW 27TH Avenue Suite 201 Miami, FL 33125-3012

(786) 472-0230 *N/A*

Mr. Julio Cevares Alcantara

(Nurse Practitioner)

Email Website

Practice Business Name
Cevares Medical Care, LLC

Address
757 NW 27TH Avenue Suite 201 Miami, FL 33125-3012

Hours of Operation
monday through sunday 0800-1700

National Registry Number
9264895827

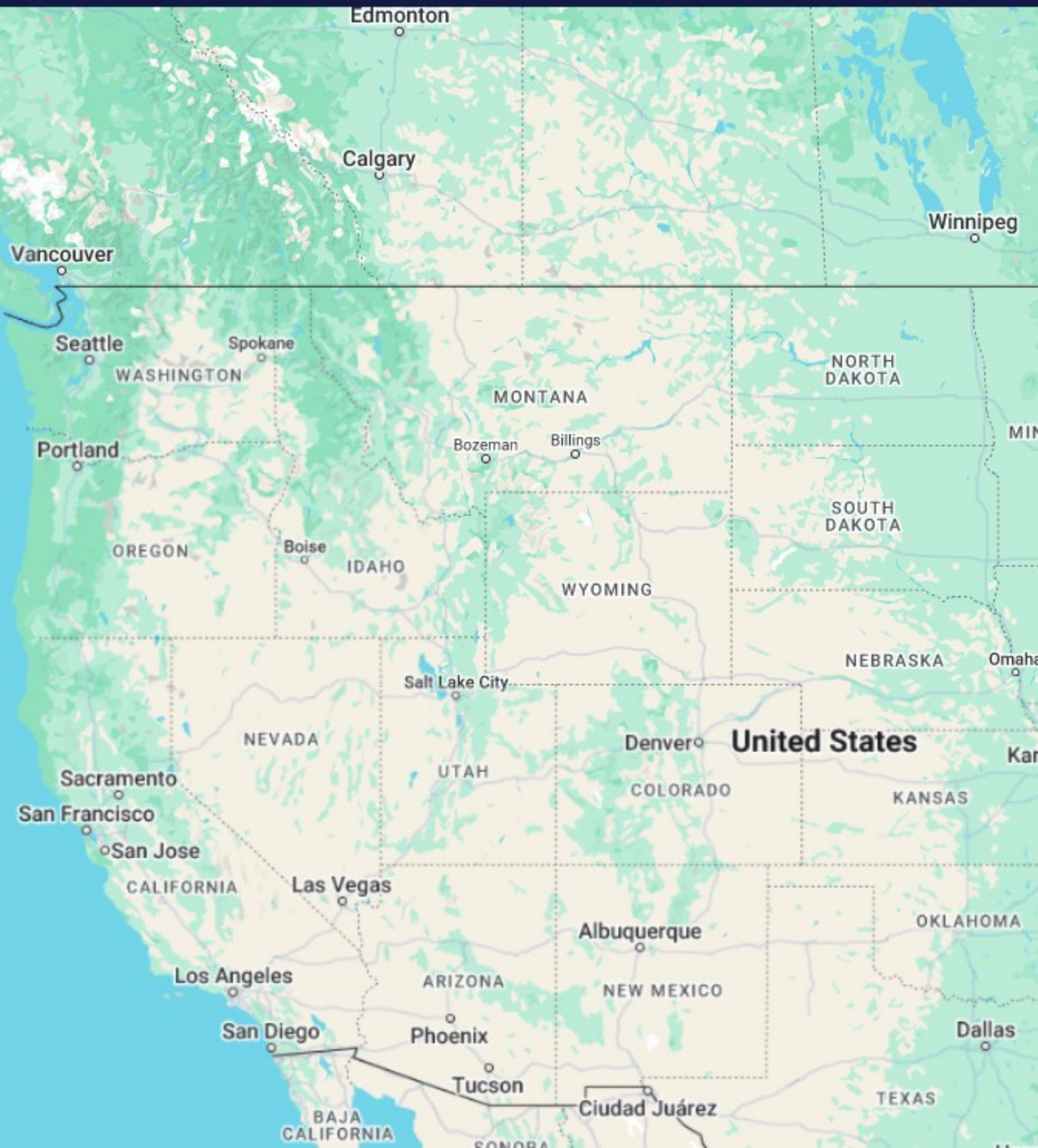
Certification Date
05/31/2022

Distance
N/A

Business Phone
(786) 472-0230

Business Fax Number
7864086242

Business Email
cevares@aol.com



Query Detail

Query Overview

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

Query Result: Driver Not Prohibited

Query Status: Completed (3/28/2025 11:24:24)

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

Driver Information

Name: CARLOS PALACIOS
Date of Birth: 6/3/1976
CDL/CLP: US-FL-P422108762031

Consent Information

Requested: 3/28/2025 11:21:54
Recorded: 3/28/2025 11:24:24
Status: Provided

Query History

Created: 3/28/2025 11:21:54
Completed: 3/28/2025 11:24:24
Query Result: Driver Not Prohibited

Open Violations

No Open Violations

LEARN MORE

- The Return-to-Duty Process