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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:** Machado **First Name:** Suarez Ariel 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

☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Driving within an exempt intracity zone (49 CFR 391.62) (Federal)

☐ Wearing hearing aid ☐ 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

6/21/2025

Medical Examiner's Signature

[Signature]

Medical Examiner's Telephone Number

954-513-5418

Date Certificate Signed

06-21-2023

Medical Examiner's Name (please print or type)

DR. ORLANDO AGUIRRE

☐ MD

☐ DO

☐ Physician Assistant

☒ Chiropractor

☐ Advanced Practice Nurse

☐ Other Practitioner (specify) _____

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

CA 8314

Issuing State

FL

National Registry Number

8910349681

Driver's Signature

[Signature]

Driver's License Number

M 232000251750

Issuing State/Province

FL

Driver's Address

Street Address:

State/Province:

1181 SW 131 Place

FL

City:

Miami

Zip Code:

33184

CLP/CDL Applicant/Holder

☒ Yes ☐ No



FMCSA

Federal Motor Carrier Safety Administration



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National Registry Number

Business Name

8910399681

First Name

Last Name

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 **Dr. Orlando Aguila (Doctor Of Chiropractic)**

 **Hollywood Injury Centers**

7060 Taft St. Hollywood, FL 33024

 (954) 367-9124

 N/A [Directions](#)

Taft St

Taft St

Taft St

Taft St





FMCSA

Federal Motor Carrier Safety Administration

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Dr. Orlando Aguila

(Doctor Of Chiropractic)



Email



Website

Practice Business Name

Hollywood Injury Centers

Address

7060 Taft St. Hollywood, FL 33024

Hours of Operation

-

National Registry Number

8910399681

Certification Date

12/15/2018

Distance

N/A

Business Phone

(954) 367-9124

Business Fax Number

9545435447

Business Website

<https://fdotphysical.com>

Taft St

Taft St

Taft St

Taft St



Query Detail

Query Overview

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

Query Result: Driver Not Prohibited

Query Status: Completed (3/31/2025 15:13:01)

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

Driver Information

Name: ARIEL MACHADO SUAREZ

Date of Birth: 5/15/1985

CDL/CLP ⓘ: US-FL-M603695849000

Consent Information

Requested: 3/31/2025 15:10:16

Recorded: 3/31/2025 15:13:01

Status: Provided

Query History

Created: 3/31/2025 15:10:16

Completed: 3/31/2025 15:13:01

Query Result: Driver Not Prohibited

LEARN MORE

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

Open Violations

No Open Violations