Form MCSA-5876 OMB No. 2126-0006 Expiration Date: 01/31/2025

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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:** VELAWITA GAITAN **First Name:** JOSE 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: 05/22/2025

Medical Examiner's Signature: [signature]

Medical Examiner's Name *(please print or type)*: Cynthia Brown

Medical Examiner's State License, Certificate, or Registration Number: APRN 9405481

Medical Examiner's Telephone Number: 5612637010

Date Certificate Signed: 05/22/2023

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

Issuing State: FL

National Registry Number: 3672504621

Driver's Signature: Jose R Velawita Gaitan

Driver's License Number: V453-438-58-445-0

Issuing State/Province: FL

Driver's Address
Street Address: 200 1st St City: Jupiter State/Province: FL Zip Code: 33458

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

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Rev 3/29/22

Search Medical Examiners

City, State or Zipcode | 10 | Miles

National Registry Number: 3672504621

Business Name:

First Name:

Last Name:

Basic Search | Search

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Mrs. Cynthia Brown (Nurse Practitioner)
Not accepting examination requests at this time. Please do not contact to schedule an examination.

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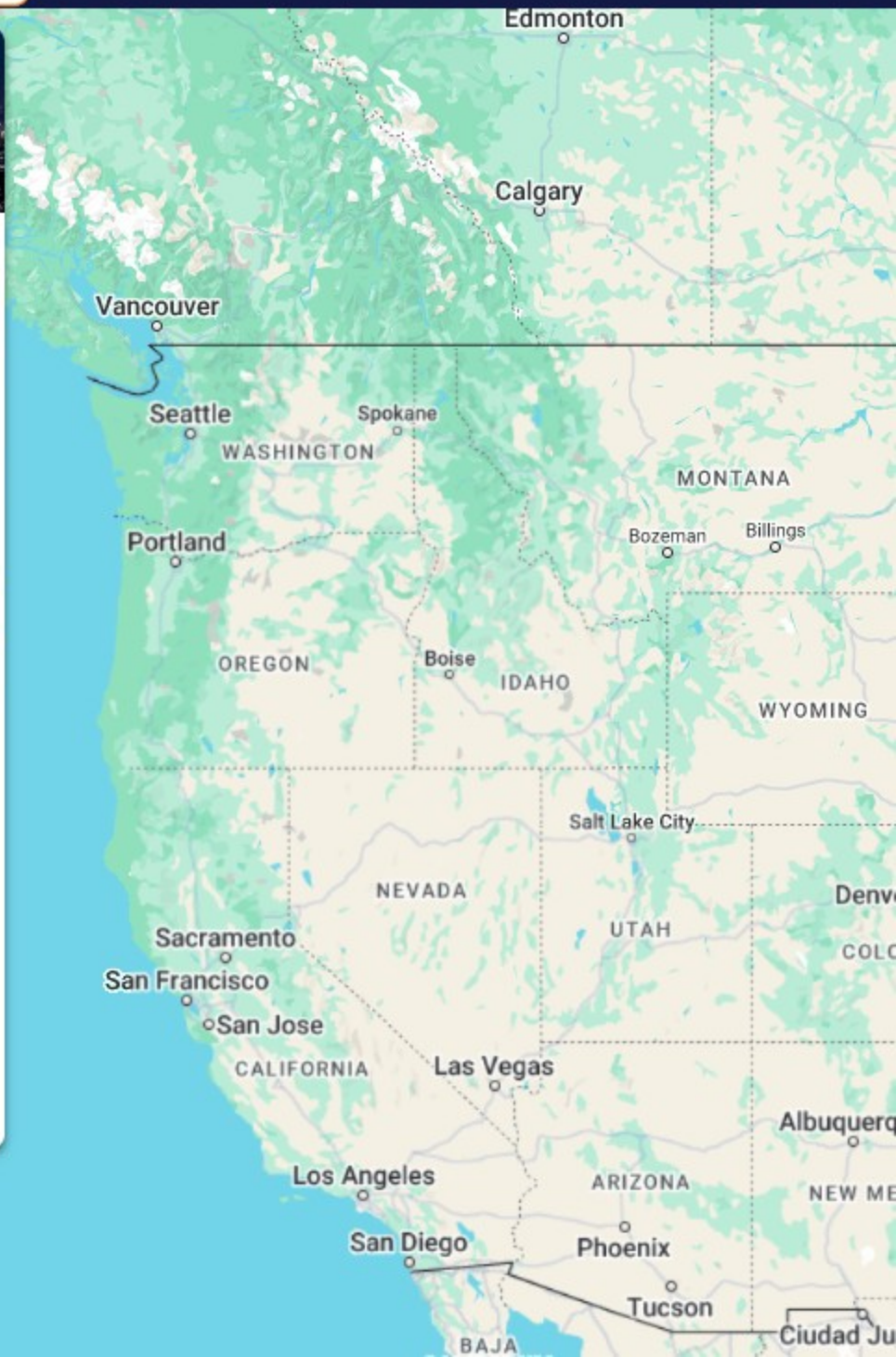

NATIONAL REGISTRY OF CERTIFIED MEDICAL EXAMINERS

Home Register Find A Medical

Mrs. Cynthia Brown

(Nurse Practitioner)

Not accepting examination requests at this time. Please do not contact to schedule an examination.

National Registry Number	Certification Date
3672504621	06/21/2018

Query Detail

Query Overview

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

Query Result: Driver Not Prohibited

Query Status: Completed (4/8/2025 14:49:16)

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

Driver Information

Name: JOSE VELANDIA GAITAN
Date of Birth: 12/5/1958
CDL/CLP: US-FL-V615401247000

Consent Information

Requested: 4/8/2025 14:38:03
Recorded: 4/8/2025 14:49:16
Status: Provided

Query History

Created: 4/8/2025 14:38:03
Completed: 4/8/2025 14:49:16
Query Result: Driver Not Prohibited

Open Violations

No Open Violations

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- The Return-to-Duty Process