



## Public Burden Statement

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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:** Saint Jean **First Name:** Anderson 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)

Medical Examiner's Certificate Expiration Date

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.

April 29, 2026

<b>Medical Examiner's Signature</b> <u>Brandon Keys APRN</u>	<b>Medical Examiner's Telephone Number</b> <u>866-235-9112</u>	<b>Date Certificate Signed</b> <u>04/29/2024</u>
<b>Medical Examiner's Name (please print or type)</b> <u>Brandon Keys</u>	<input type="radio"/> MD <input type="radio"/> Physician Assistant <input checked="" type="radio"/> Advanced Practice Nurse <input type="radio"/> DO <input type="radio"/> Chiropractor <input type="radio"/> Other Practitioner (specify) _____	
<b>Medical Examiner's State License, Certificate, or Registration Number</b> <u>11007397</u>	<b>Issuing State</b> <u>FL</u>	<b>National Registry Number</b> <u>7979500268</u>
<b>Driver's Signature</b> <u>Anderson Saint Jean</u>	<b>Driver's License Number</b> <u>S532000950290</u>	<b>Issuing State/Province</b> <u>FL</u>
<b>Driver's Address</b> Street: <u>781 Worlington Lane</u> City: <u>Fort Pierce</u> State/Province: <u>FL</u> Zip Code: <u>34947</u>	<b>CLP/CDL Applicant/Holder</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	

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Werner Lake City FL

DOB: 01/29/95

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849704902

Rev 1/5/22





## Search Medical Examiners

 City, State or Zipcode

10

Miles

National Registry Number

Business Name

7979500268

First Name

Last Name

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Search

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 **Dr. Brandon Keys (Nurse Practitioner)**

 **HCA Lake City Hospital**

340 NW Commerce Drive Lake City, FL 32055

 (386) 719-9000

 N/A [Directions](#) 





**Dr. Brandon Keys**  
(Nurse Practitioner)



Email



Website

**Practice Business Name**

HCA Lake City Hospital

**Address**

340 NW Commerce Drive Lake City, FL 32055

**Hours of Operation**

-

**National Registry Number**

7979500268

**Certification Date**

10/07/2021

**Distance**

N/A

**Business Phone**

(386) 719-9000

**Business Fax Number**

-

**Business Email**

rolando.dominguezmustafa@hcahealthcare.com





## Query Detail

### Query Overview

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

**Query Result:** Driver Not Prohibited

**Query Status:** Completed (4/8/2025 15:54:46)

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

#### Driver Information

**Name:** ANDERSON SAINT JEAN

**Date of Birth:** 1/29/1995

**CDL/CLP ⓘ:** US-MA-SA7401484

#### Consent Information

**Requested:** 4/8/2025 15:53:20

**Recorded:** 4/8/2025 15:54:46

**Status:** Provided

#### Query History

**Created:** 4/8/2025 15:53:20

**Completed:** 4/8/2025 15:54:46

**Query Result:** Driver Not Prohibited

### LEARN MORE

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

### Open Violations

No Open Violations