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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: Lewis First Name: Kayon 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)*:

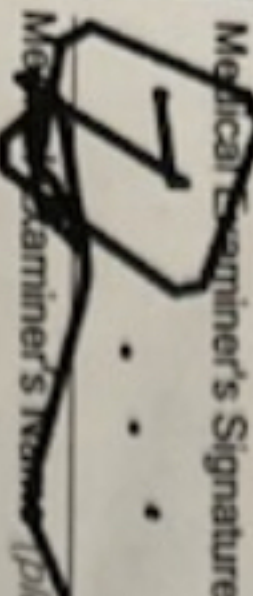
☐ Wearing corrective lenses ☐ Accompanied by a waiver/exemption ☐ Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Grandfathered from State requirements (State)

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

08/09/2026

Medical Examiner's Signature


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

Bibisi, Lucy

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

APRN11021368

Medical Examiner's Telephone Number

(904)482-1400

Date Certificate Signed

08/09/2024

☐ MD ☐ Physician Assistant ☒ Advanced Practice Nurse

☐ DO ☐ Chiropractor ☐ Other Practitioner *(specify)* _____

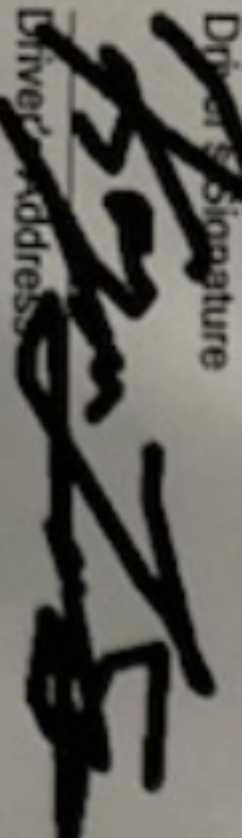
Issuing State

FL

National Registry Number

2676852564

Driver's Signature


Driver's Address _____

Street Address: 663 Corduroy Ct

City: Orange Park

State/Province: FL

Zip Code: 32073 ☒ Yes ☐ No

Driver's License Number

L200501902530

Issuing State/Province

FL

CLP/CDL Applicant/Holder

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National Registry Number

Business Name

First Name

Last Name

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1 of 1

[Next Page](#)

 **Lucy Bibisi (Nurse Practitioner)**

 **Concentra**

1036 Dunn Ave. Ste. 10 Jacksonville, FL 32218

 (904) 903-5520

 N/A [Directions](#) 





Lucy Bibisi
(Nurse Practitioner)



Email



Website

Practice Business Name

Concentra

Address

1036 Dunn Ave. Ste. 10 Jacksonville, FL 32218

Hours of Operation

-

National Registry Number

2676852564

Certification Date

08/31/2021

Distance

N/A

Business Phone

(904) 903-5520

Business Fax Number

-



Query Detail

Query Overview

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

Query Result: Driver Not Prohibited

Query Status: Completed (4/14/2025 9:16:21)

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

Driver Information

Name: KAYON LEWIS

Date of Birth: 7/13/1990

CDL/CLP ⓘ: US-FL-L236023922000

Consent Information

Requested: 4/14/2025 9:14:09

Recorded: 4/14/2025 9:16:21

Status: Provided

Query History

Created: 4/14/2025 9:14:09

Completed: 4/14/2025 9:16:21

Query Result: Driver Not Prohibited

LEARN MORE

 The Return-to-Duty Process

Open Violations

No Open Violations