Form MCSA-5876

OMB No.: 2126-0006 Expiration Date: 03/31/2025

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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:** 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 Telephone Number
(904)482-1400

Date Certificate Signed
08/09/2024

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

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

Medical Examiner's State License, Certificate, or Registration Number
APRN11021368

Issuing State
FL

National Registry Number
2676852564

Driver's Signature

Driver's License Number
L200501902530

Issuing State/Province
FL

Driver's Address

Street Address: 663 Corduroy Ct City: Orange Park State/Province: FL Zip Code: 32073-

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

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Search Medical Examiners

City, State or Zipcode | 10 | Miles

National Registry Number: 2676852564

Business Name:

First Name:

Last Name:

Basic Search | Search

Previous Page | 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

Open Violations

No Open Violations

LEARN MORE

The Return-to-Duty Process