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:** HERNANDEZ **First Name:** LUIS 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
- [ ] Wearing hearing aid
- [ ] Accompanied by a _____ waiver/exemption
- [ ] Accompanied by a Skill Performance Evaluation (SPE) Certificate
- [ ] Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
- [ ] 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: 08/20/2025

Medical Examiner's Signature: [signature]

Medical Examiner's Name *(please print or type)*: Jorge Luis Russinyol

Medical Examiner's Telephone Number: 786-542-6782

Date Certificate Signed: 08/20/2024

( ) MD ( ) Physician Assistant (●) Advanced Practice Nurse
( ) DO ( ) Chiropractor ( ) Other Practitioner (specify)

Medical Examiner's State License, Certificate, or Registration Number: ARNP 9323928

Issuing State: FLORIDA

National Registry Number: 7159804812

Driver's Signature: [signature]

Driver's License Number: H655-525-70-453-1

Issuing State/Province: FL

CLP/CDL Applicant/Holder:

Driver's Address
Street Address: 8849 NW 119 ST UNIT 105 City: HIALEAH G State/Province: FL Zip Code: 33018 (●) Yes ( ) No

United States Department of Transportation

FMCSA
Federal Motor Carrier Safety Administration

NATIONAL REGISTRY OF CERTIFIED MEDICAL EXAMINERS

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City, State or Zipcode | 10 | Miles

National Registry Number: 7159804812

Business Name:

First Name:

Last Name:

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Previous Page | 1 of 1 | Next Page

Mr. Jorge Russinyol (Nurse Practitioner)

M&J SERVICES CORP LLC

1570 WEST 43 PLACE SUITE #29 Hialeah, FL 33012-00000

(786) 542-6782 *N/A*

United States Department of Transportation

FMCSA
Federal Motor Carrier Safety Administration

NATIONAL REGISTRY OF CERTIFIED MEDICAL EXAMINERS

Mr. Jorge Russinyol
(Nurse Practitioner)

Email Website

Practice Business Name
M&J SERVICES CORP LLC

Address
1570 WEST 43 PLACE SUITE #29 Hialeah, FL 33012-00000

Hours of Operation
call for operation hours

National Registry Number
7159804812

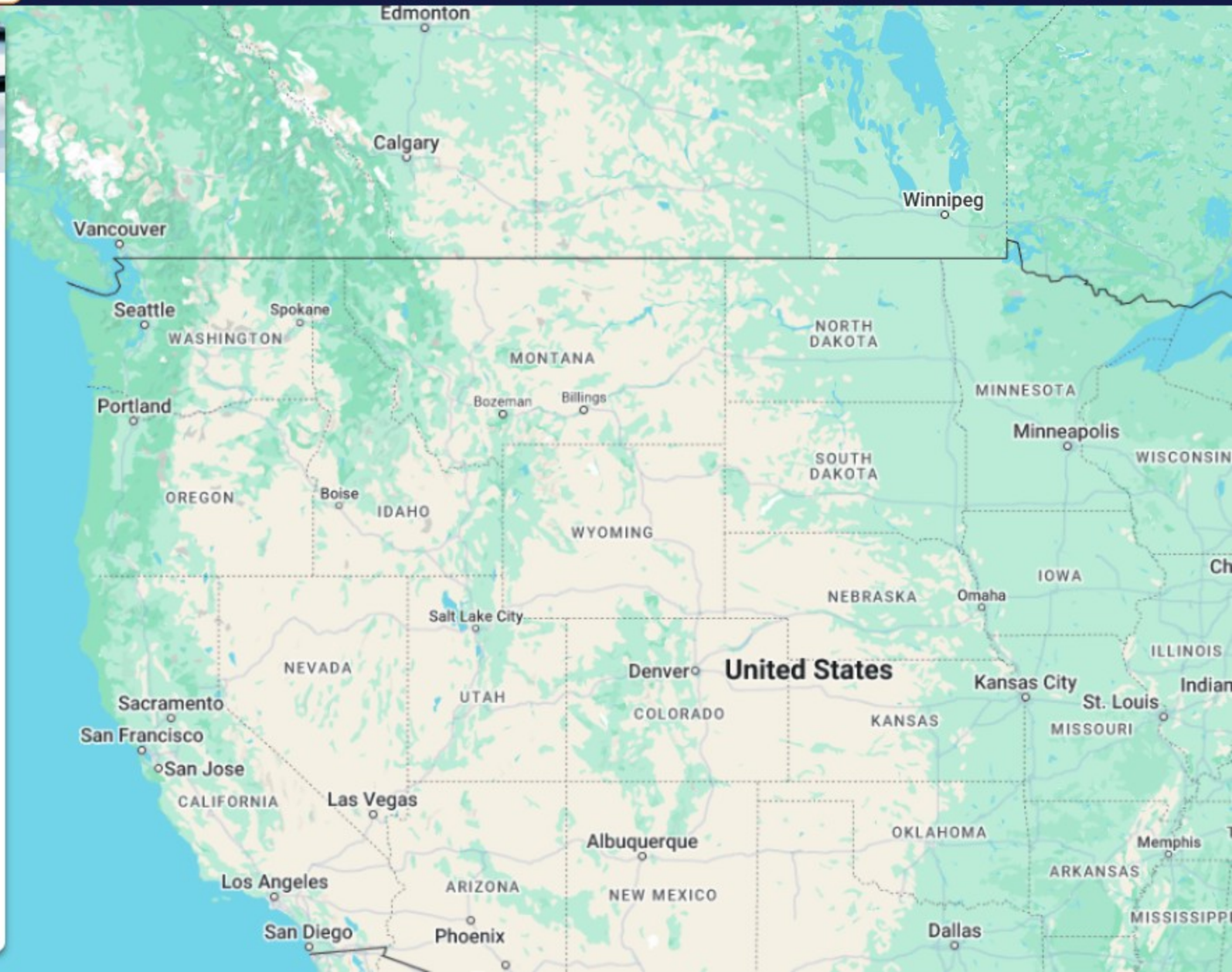
Certification Date
04/15/2016

Distance
N/A

Business Phone
(786) 542-6782

Business Fax Number
-

Business Email
jorgerussinyol@gmail.com



Query Detail

Query Overview

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

Query Result: Driver Not Prohibited

Query Status: Completed (4/23/2025 11:33:23)

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

Driver Information

Name: LUIS HERNANDEZ
Date of Birth: 12/13/1970
CDL/CLP : US-FL-H655525704531

Consent Information

Requested: 4/23/2025 11:27:20
Recorded: 4/23/2025 11:33:23
Status: Provided

Query History

Created: 4/23/2025 11:27:20
Completed: 4/23/2025 11:33:23
Query Result: Driver Not Prohibited

Open Violations

No Open Violations

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- The Return-to-Duty Process