



Form MCSA-5875 OMB No. 2125-0056 Expiration Date: 03/01/2025

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U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

MEDICAL EXAMINER'S CERTIFICATE (for Commercial Driver Medical Certification)

CMV DRIVER CERTIFICATION
I certify that I have examined (last name) Escalona (first name) Reinaldo 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) off:
☐ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variations (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 (specify type): ☐ Driving within an exempt intracity zone (49 CFR 391.52) (Federal)
☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.54 (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, enclosures, my findings, completely and accurately, and I am able to my office.

Medical Examiner's Certificate Expiration Date: 11/22/2025

MEDICAL EXAMINER INFORMATION
Medical Examiner's Signature: Lulu Jimma
Medical Examiner's Telephone Number: 608/285-5646 Date Certificate Signed: 11/22/2023
Medical Examiner's Name (please print or type): Jimma, Lulu
Medical Examiner's State License, Certificate, or Registration Number: 25MA07946700
Issuing State: WI National Registry Number: 2903932075
Other Practitioner (specify):

CMV DRIVER INFORMATION
Driver's Signature: [Signature]
Driver's License Number: E245720690060 Issuing State/Province: FL
Driver's Address: 513 Dorado Ave City: Orlando State/Province: FL Zip Code: 32817 CLP/CDL: ☒ Yes ☐ No

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ANTHONY



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National Registry Number

Business Name

2903932078

First Name

Last Name

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 **Dr. Lulu Jimma (Medical Doctor)**

 **Concentra**

1085 Cranbury South River Road Suit

2 Jamesburg, NJ 08831

 (609) 409-1900

 [N/A](#) [Directions](#)

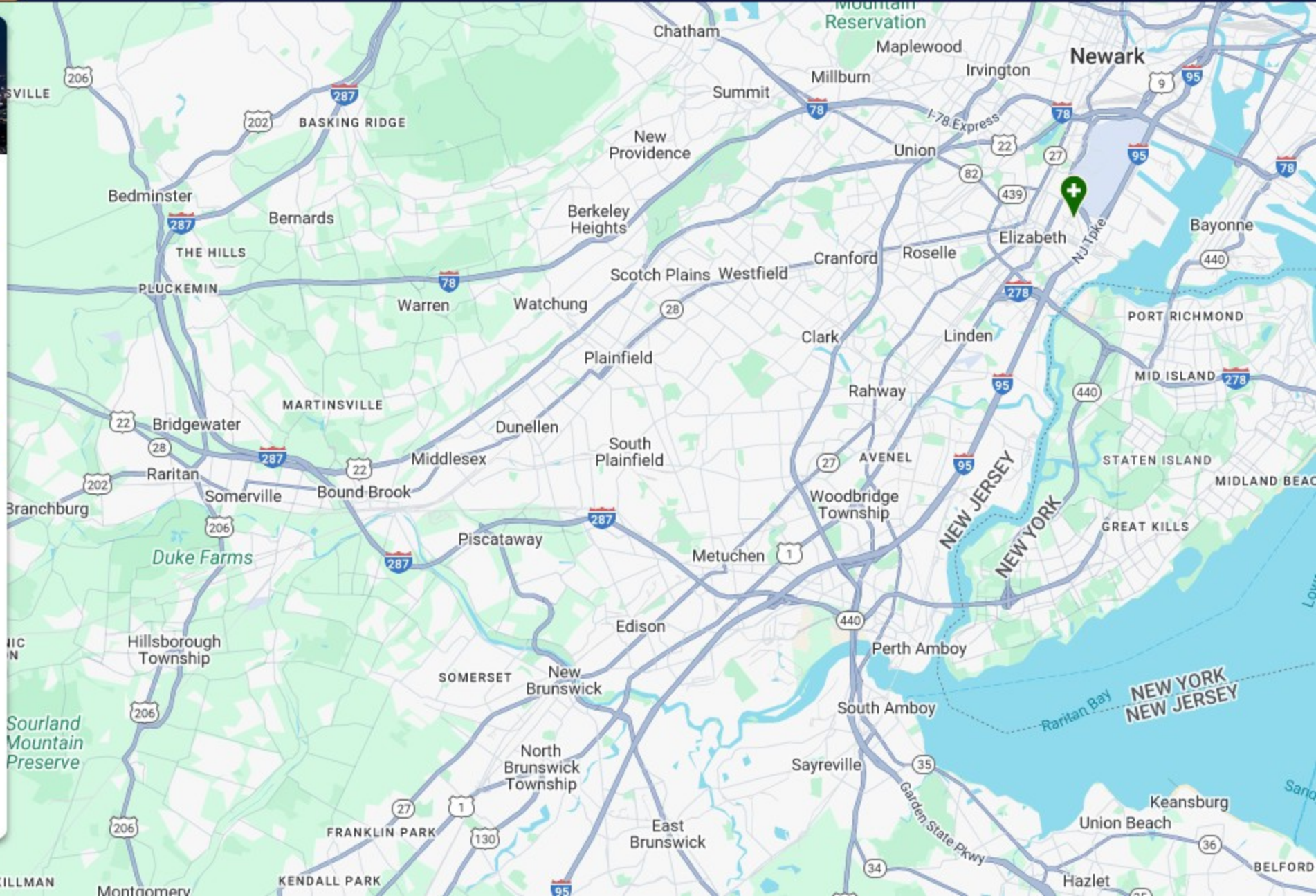
 **Dr. Lulu Jimma (Medical Doctor)**

 **Concentra**

615 Division Street Elizabeth, NJ 07201

 (908) 289-5646

 [N/A](#) [Directions](#)





 **Dr. Lulu Jimma**
(Medical Doctor)



Email



Website

Practice Business Name

Concentra

Address

1085 Cranbury South River Road Suit
2 Jamesburg, NJ 08831

Hours of Operation

8 am-5pm

National Registry Number

2903932078

Certification Date

05/12/2023

Distance

N/A

Business Phone

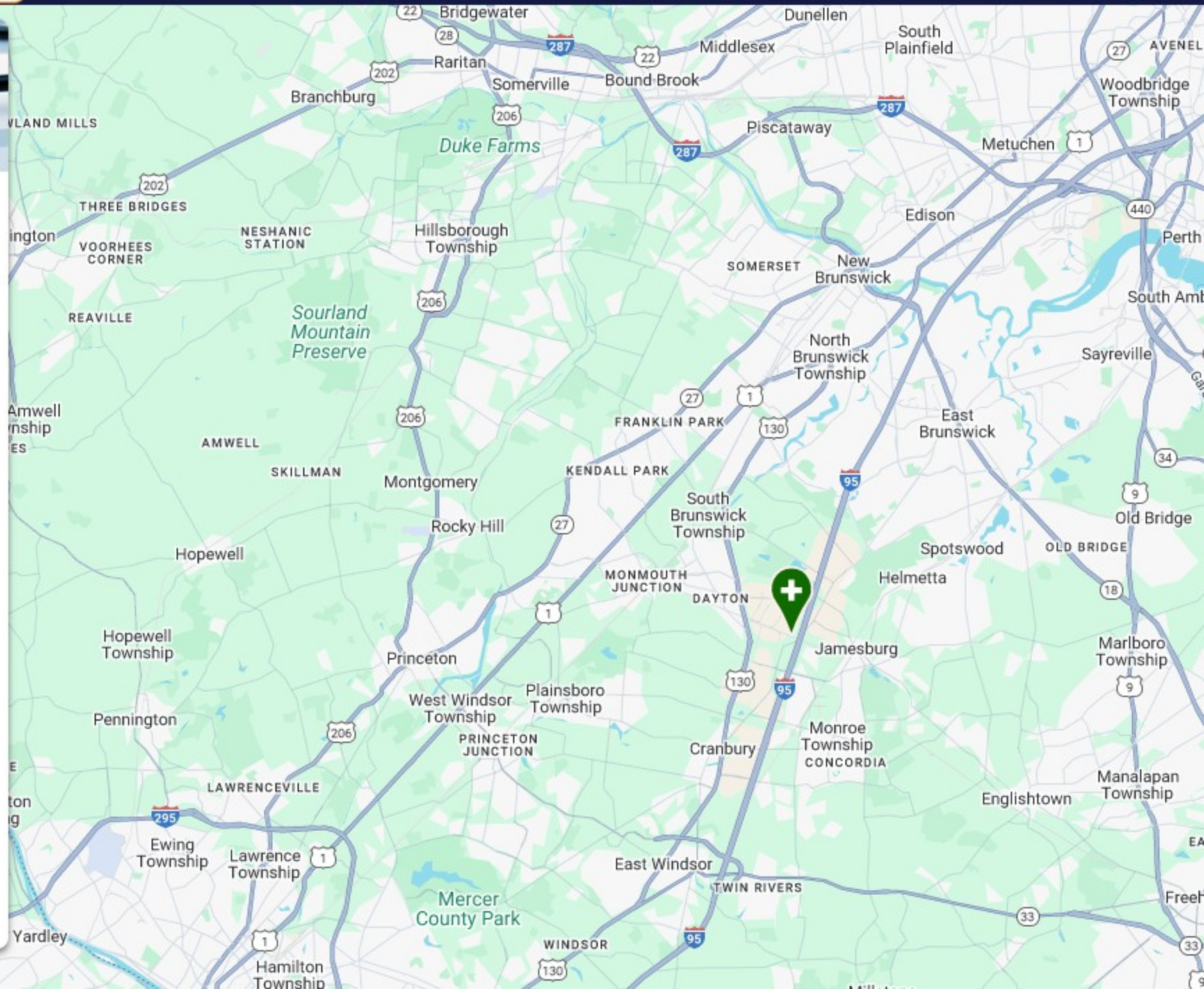
(609) 409-1900

Business Fax Number

6094092565

Business Website

concentra.com





Dr. Lulu Jimma

(Medical Doctor)



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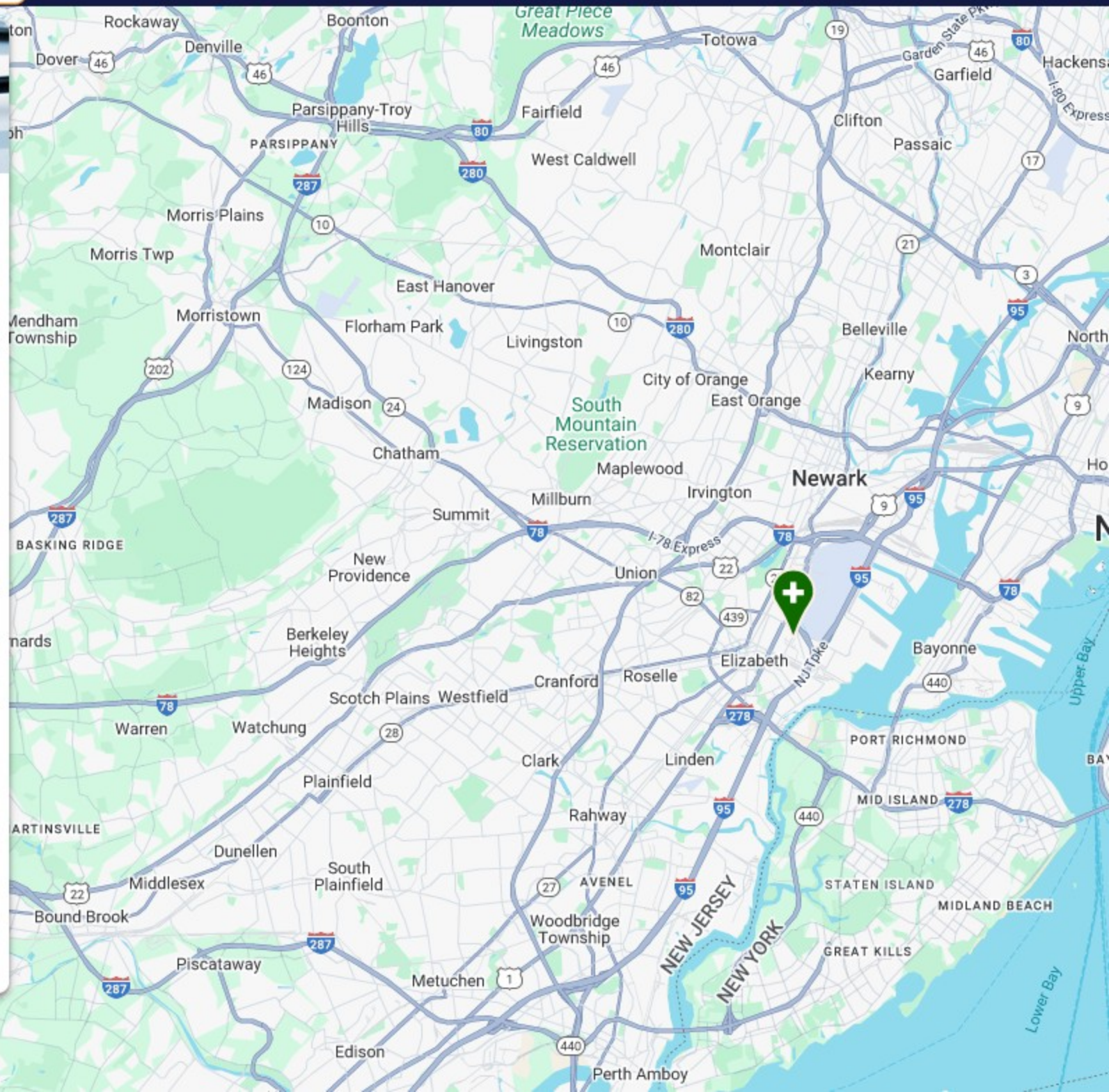
9083511099

Business Email

ljimma@concentra.com

Business Website

www.concentra.com



Query Detail

Query Overview

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

Query Result: Driver Not Prohibited

Query Status: Completed (5/6/2025 12:33:13)

Conducted By: Teodora Nikolic

Query Type: Pre-employment

Query Submitted: Manually

Driver Information

Name: REINALDO ESCALONA

Date of Birth: 1/6/1969

CDL/CLP ⓘ: US-FL-E245720690060

Consent Information

Requested: 5/6/2025 12:14:57

Recorded: 5/6/2025 12:33:13

Status: Provided

Query History

Created: 5/6/2025 12:14:57

Completed: 5/6/2025 12:33:13

Query Result: Driver Not Prohibited

LEARN MORE

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

Open Violations

No Open Violations