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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:** FERNANDEZ DIAZ

First Name: ROLANDO

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 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

04/07/2027

Medical Examiner's Signature

Medical Examiner's Telephone Number

Date Certificate Signed

7868701212

04/07/2025

Medical Examiner's Name (please print or type)

ELIZABETT VALDIVIA

☐ MD

☐ Physician Assistant

☒ Advanced Practice Nurse

☐ DO

☐ Chiropractor

☐ Other Practitioner (specify) _____

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

APRN 11006779

Issuing State

Florida

National Registry Number

4817280352

Driver's Signature

Driver's License Number

Issuing State/Province

F655720741690

Florida

Driver's Address

Street Address: 15725 SW 87 CT

City: PALMETTO BAY

State/Province: FL

Zip Code: 33157

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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Search Medical Examiners



National Registry Number

Business Name

4817280352

First Name

Last Name

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 **Mrs. Elizabett Valdivia (Advanced Practice
Registered Nurse)**

 **D DE LA VEGA MD PA**

11093 NW 138 STREET SUITE 112 HIALEAH
GARDENS, FL 33018

 (786) 870-1212

 N/A [Directions](#)





Mrs. Elizabett Valdivia

(Advanced Practice Registered Nurse)



Email



Website

Practice Business Name

D DE LA VEGA MD PA

Address

11093 NW 138 STREET SUITE 112 HIALEAH
GARDENS, FL 33018

Hours of Operation

-

National Registry Number

4817280352

Certification Date

04/19/2022

Distance

N/A

Business Phone

(786) 870-1212

Business Fax Number

-

Business Email

ddelavegamdpa@gmail.com

Show Removal/Reinstated Dates



Query Detail

Query Overview

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

Query Result: Driver Not Prohibited

Query Status: Completed (5/12/2025 14:11:21)

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

Driver Information

Name: ROLANDO FERNANDEZ DIAZ

Date of Birth: 5/9/1974

CDL/CLP ⓘ: US-FL-F203866923000

Consent Information

Requested: 5/12/2025 14:09:07

Recorded: 5/12/2025 14:11:21

Status: Provided

Query History

Created: 5/12/2025 14:09:07

Completed: 5/12/2025 14:11:21

Query Result: Driver Not Prohibited

LEARN MORE

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

Open Violations

No Open Violations