

Public Burden Statement

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to be approximately one minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

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

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:** Myers **First Name:** Andrew 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
- ☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate
- ☐ Driving within an exempt intracity zone (49 CFR 391.62) (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

03/14/2026

Medical Examiner's Signature

Medical Examiner's Telephone Number

Date Certificate Signed

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

(954)564-2592

03/14/2024

Reid, Andrew

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

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

Issuing State

National Registry Number

PA9106515

FL

3310093158

Driver's Signature

Driver's License Number

Issuing State/Province

Driver's Address

M620013911490

FL

CLP/CDL Applicant/Holder

Street Address: 4398 NW 35th Ave

City: Lauderdale Lakes

State/Province: FL

Zip Code: 33309-

☒ Yes ☐ No

This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.



FMCSA

Federal Motor Carrier Safety Administration

[Home](#)[Register](#)[Find A Medical Examiner](#)[NRII Learning](#)

Search Medical Examiners

National Registry Number

Business Name

3310093158

First Name

Last Name


[Basic Search](#)

[Search](#)

[Previous Page](#)


1 of 1

[Next Page](#)

 **Mr. Andrew Reid (Physician Assistant)**

 **Concentra Urgent Care**

6521 N Andrews Avenue Fort Lauderdale, FL 33073

 (954) 941-6301

 N/A [Directions](#)


N Andrews Ave

811A



Mr. Andrew Reid
(Physician Assistant)



Email



Website

Practice Business Name

Concentra Urgent Care

Address

6521 N Andrews Avenue Fort Lauderdale, FL 33073

Hours of Operation

8:00 - 5:00

National Registry Number

3310093158

Certification Date

11/12/2014

Distance

N/A

Business Phone

(954) 941-6301

Business Fax Number

9549417849

Business Email

andrew_reid@concentra.com

Business Website

www.concentra.com/



N Andrews Ave

811A

811A



Query Detail

Query Overview

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

Query Result: Driver Not Prohibited

Query Status: Completed (5/14/2025 12:31:29)

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

Driver Information

Name: ANDREW MYERS

Date of Birth: 4/29/1991

CDL/CLP ⓘ: US-FL-M620013911490

Consent Information

Requested: 5/14/2025 12:17:51

Recorded: 5/14/2025 12:31:29

Status: Provided

Query History

Created: 5/14/2025 12:17:51

Completed: 5/14/2025 12:31:29

Query Result: Driver Not Prohibited

LEARN MORE

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

Open Violations

No Open Violations