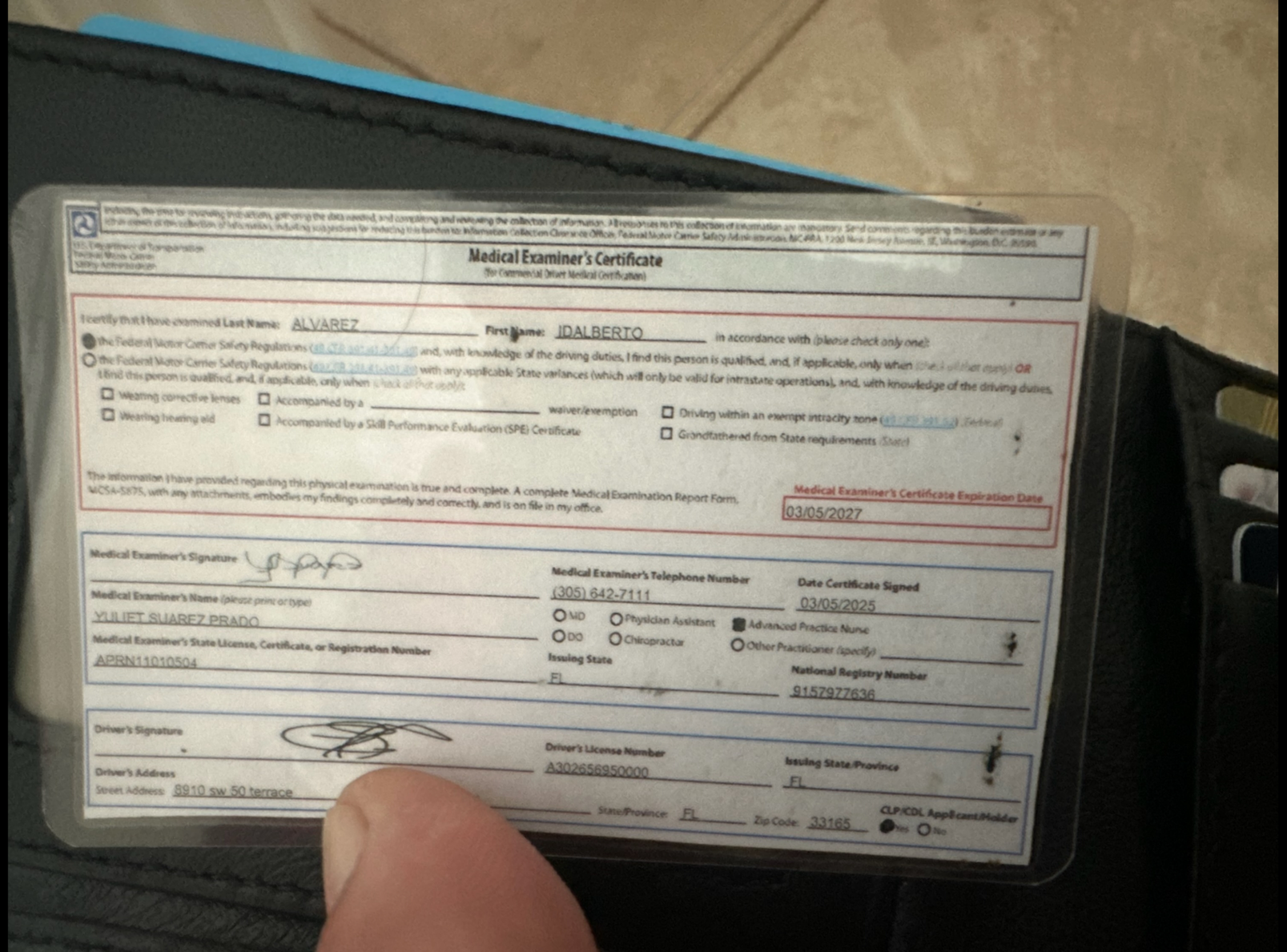

Medical Examiner's Certificate
(for Commercial Driver Medical Certification)

I certify that I have examined Last Name: ALVAREZ First Name: IDALBERTO in accordance with (please check only one):

- [x] 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 391.41-391.69) 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)
- [ ] 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: 03/05/2027

Medical Examiner's Signature

Medical Examiner's Telephone Number: (305) 642-7111

Date Certificate Signed: 03/05/2025

Medical Examiner's Name (please print or type): YULIET SUAREZ PRADO

- [ ] MD
- [ ] DO
- [ ] Physician Assistant
- [ ] Chiropractor
- [x] Advanced Practice Nurse
- [ ] Other Practitioner (specify)

Medical Examiner's State License, Certificate, or Registration Number: APRN11010504

Issuing State: FL

National Registry Number: 9157977636

Driver's Signature

Driver's License Number: A302656950000

Issuing State/Province: FL

Driver's Address

Street Address: 8910 sw 50 terrace

State/Province: FL Zip Code: 33165

CLP/CDL Applicant/Holder
- [x] Yes
- [ ] No

Search Medical Examiners

City, State or Zipcode | 10 | Miles

National Registry Number: 9157977636

Business Name:

First Name:

Last Name:

Basic Search | Search

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Miss. Yuliet Suarez Prado (Advanced Practice Registered Nurse)

Josefina F. Tur + M.D. P.A.

4100 N.W 9th St., #100 Miami, FL 33126

(305) 642-7111 *N/A* Directions

Miss. Yuliet Suarez Prado
(Advanced Practice Registered Nurse)

Email Website

Practice Business Name
Josefina F. Tur + M.D. P.A.

Address
4100 N.W 9th St., #100 Miami, FL 33126

Hours of Operation
-

National Registry Number
9157977636

Certification Date
01/29/2022

Distance
N/A

Business Phone
(305) 642-7111

Business Fax Number
3056420530

Business Email
julysuarez88@gmail.com

Query Detail

Query Overview

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

Query Result: Driver Not Prohibited

Query Status: Completed (6/25/2025 10:47:23)

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

Driver Information

Name: IDALBERTO ALVAREZ
Date of Birth: 11/12/1968
CDL/CLP: US-FL-A302656950000

Consent Information

Requested: 6/25/2025 10:14:55
Recorded: 6/25/2025 10:47:23
Status: Provided

Query History

Created: 6/25/2025 10:14:55
Completed: 6/25/2025 10:47:23
Query Result: Driver Not Prohibited

Open Violations

No Open Violations

LEARN MORE

- The Return-to-Duty Process