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

04/21/2026

Medical Examiner's Signature

Medical Examiner's Name (please print or type)

Julio Cevares Alcantara

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

APRN 9377003

Medical Examiner's Telephone Number

(786)472-0230

Date Certificate Signed

04/21/2025

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

Issuing State

Florida

National Registry Number

9264895827

Driver's Signature

Driver's License Number

R362-000-69-182-0

Issuing State/Province

Florida

Driver's Address

Street Address:

15340 SW 91ST LN

City: Miami

State: FL

Zip Code: 33196

CLP/CDL Applicant/Holder

☒ Yes ☐ No

Search Medical Examiners

10

Miles

National Registry Number

Business Name

9264895827

First Name

Last Name


Basic Search

Search

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 **Mr. Julio Cevares Alcantara (Nurse Practitioner)**

 **Cevares Medical Care, LLC**

757 NW 27TH Avenue Suite 201 Miami, FL 33125-3012

 (786) 472-0230

 N/A [Directions](#) 



Mr. Julio Cevares Alcantara

(Nurse Practitioner)



Email



Website

Practice Business Name

Cevares Medical Care, LLC

Address

757 NW 27TH Avenue Suite 201 Miami, FL 33125-3012

Hours of Operation

monday through sunday 0800-1700

National Registry Number

9264895827

Certification Date

05/31/2022

Distance

N/A

Business Phone

(786) 472-0230

Business Fax Number

7864086242

Business Email

cevares@aol.com



Query Detail

Query Overview

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

Query Result: Driver Not Prohibited

Query Status: Completed (7/2/2025 14:22:19)

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

Driver Information

Name: ADRIAN RODRIGUEZ

Date of Birth: 5/22/1969

CDL/CLP ⓘ: US-FL-R362000691820

Consent Information

Requested: 7/2/2025 14:20:06

Recorded: 7/2/2025 14:22:19

Status: Provided

Query History

Created: 7/2/2025 14:20:06

Completed: 7/2/2025 14:22:19

Query Result: Driver Not Prohibited

LEARN MORE

 The Return-to-Duty Process

Open Violations

No Open Violations