



Medical Examiner's Certificate
(For Commercial Driver Medical Certificate)

I certify that I have examined **Rerez Fernandez Alejandro** and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when **other** all other apply. OR I find this person is qualified, and, if applicable, only when **other** all other apply.

☐ Wearing corrective lenses ☐ Accompanied by a ☐ Driving within an exempt intracity zone (49 CFR 391.63) (checked)
☐ Wearing hearingaid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.64 (checked)
☐ Grandfathered from State requirements (check)

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 Signature: **Luz Castillo**
Medical Examiner's Name (please print or type): **Luz Castillo D.C.**
Medical Examiner's State License, Certificate, or Registration Number: **CH9050**
Medical Examiner's Telephone Number: **305-520-9999**
Issuing State: **Florida**
National Registry Number: **7488831169**
Date Certificate Signed: **12/27/23**

Driver's Signature: **[Signature]**
Driver's License Number: **PD210000911310 FL**
City: **Miami** State/Province: **FL**
Street Address: **10105 SW 4th St APT #10** ZIP: **33174**





Search Medical Examiners

Miles

National Registry Number

Business Name

7488831169

First Name

Last Name

Basic Search

Search

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+ Dr. Luz Castillo (Doctor Of Chiropractic)

📍 OccMed Miami, Inc.

6801 NW 77th Ave. Suite 105 Miami, FL 33166

📞 (305) 520-9909

📍 N/A [Directions](#)

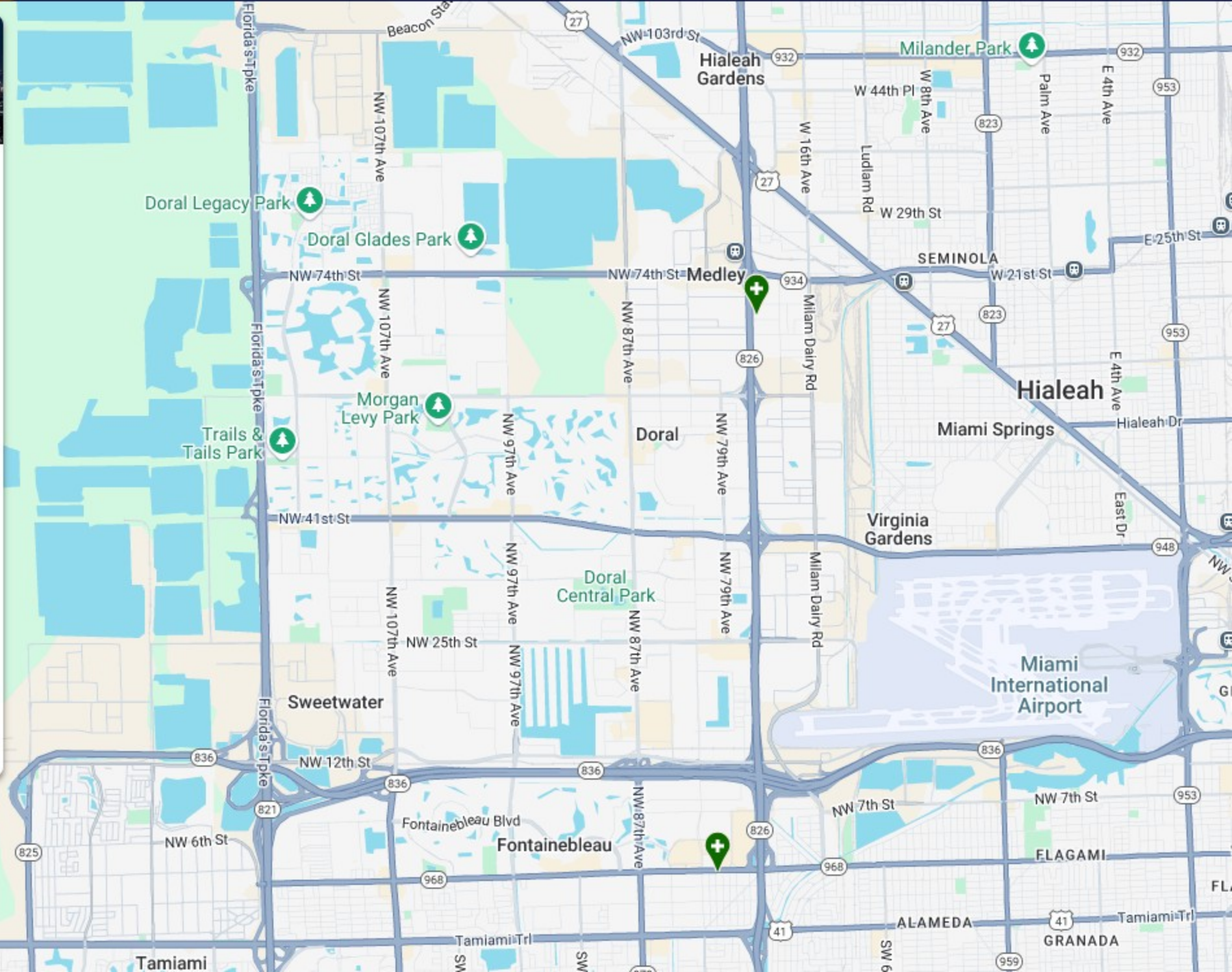
+ Dr. Luz Castillo (Doctor Of Chiropractic)

📍 DOT Physicals Miami

8000 West Flagler Street Suite 203 Miami, FL 33144

📞 (305) 520-7720

📍 N/A [Directions](#)





Dr. Luz Castillo
(Doctor Of Chiropractic)



Email



Website

Practice Business Name

OccMed Miami, Inc.

Address

6801 NW 77th Ave. Suite 105 Miami, FL 33166

Hours of Operation

-

National Registry Number

7488831169

Certification Date

10/09/2014

Distance

N/A

Business Phone

(305) 520-9909

Business Fax Number

3055209969

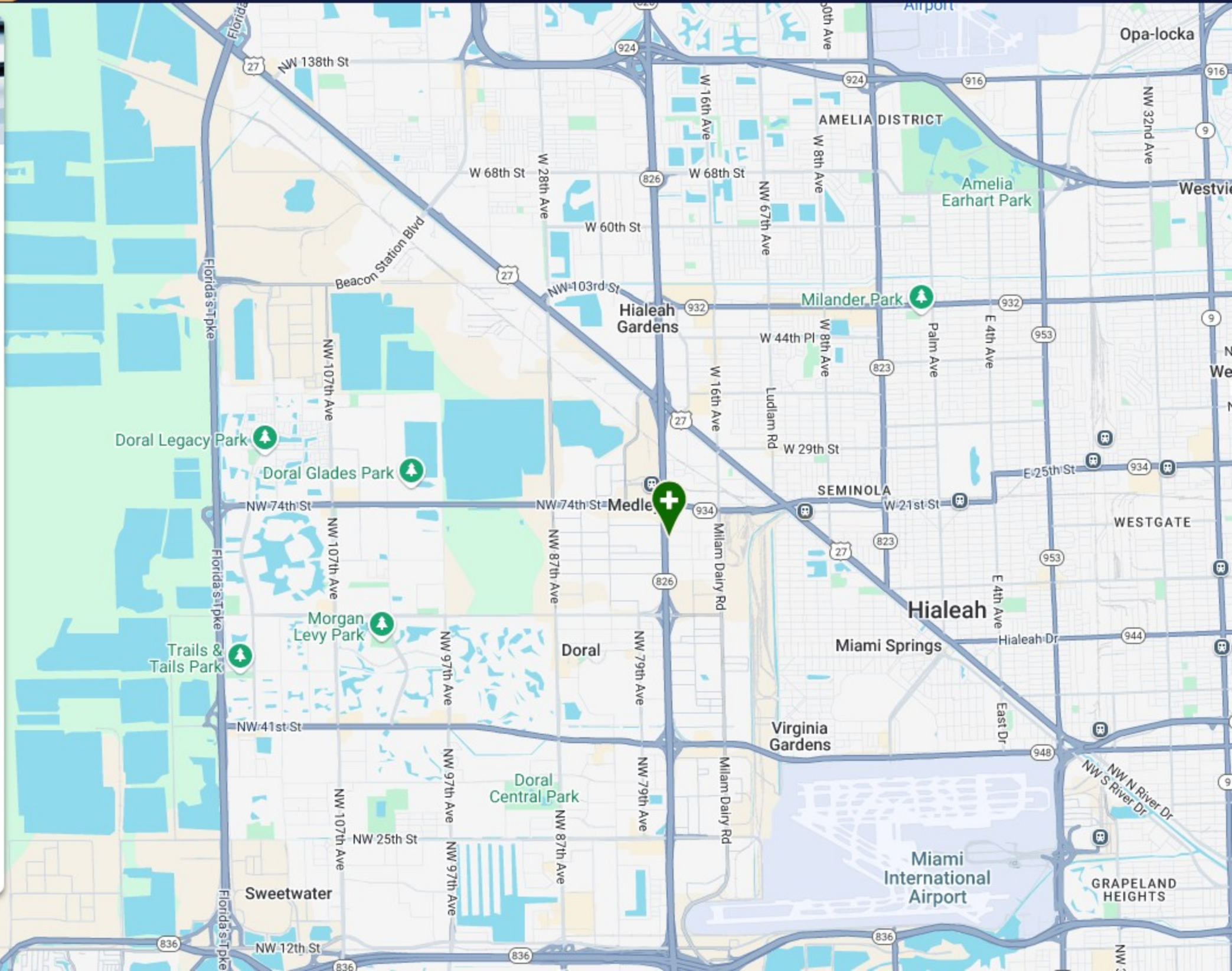
Business Email

drcastillo@occmedmiami.com

Business Website

www.occmedmiami.com

Show Removal/Reinstated Dates





Dr. Luz Castillo
(Doctor Of Chiropractic)



Email



Website

Practice Business Name

DOT Physicals Miami

Address

8000 West Flagler Street Suite 203 Miami, FL 33144

Hours of Operation

-

National Registry Number

7488831169

Certification Date

10/09/2014

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N/A

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3059012344

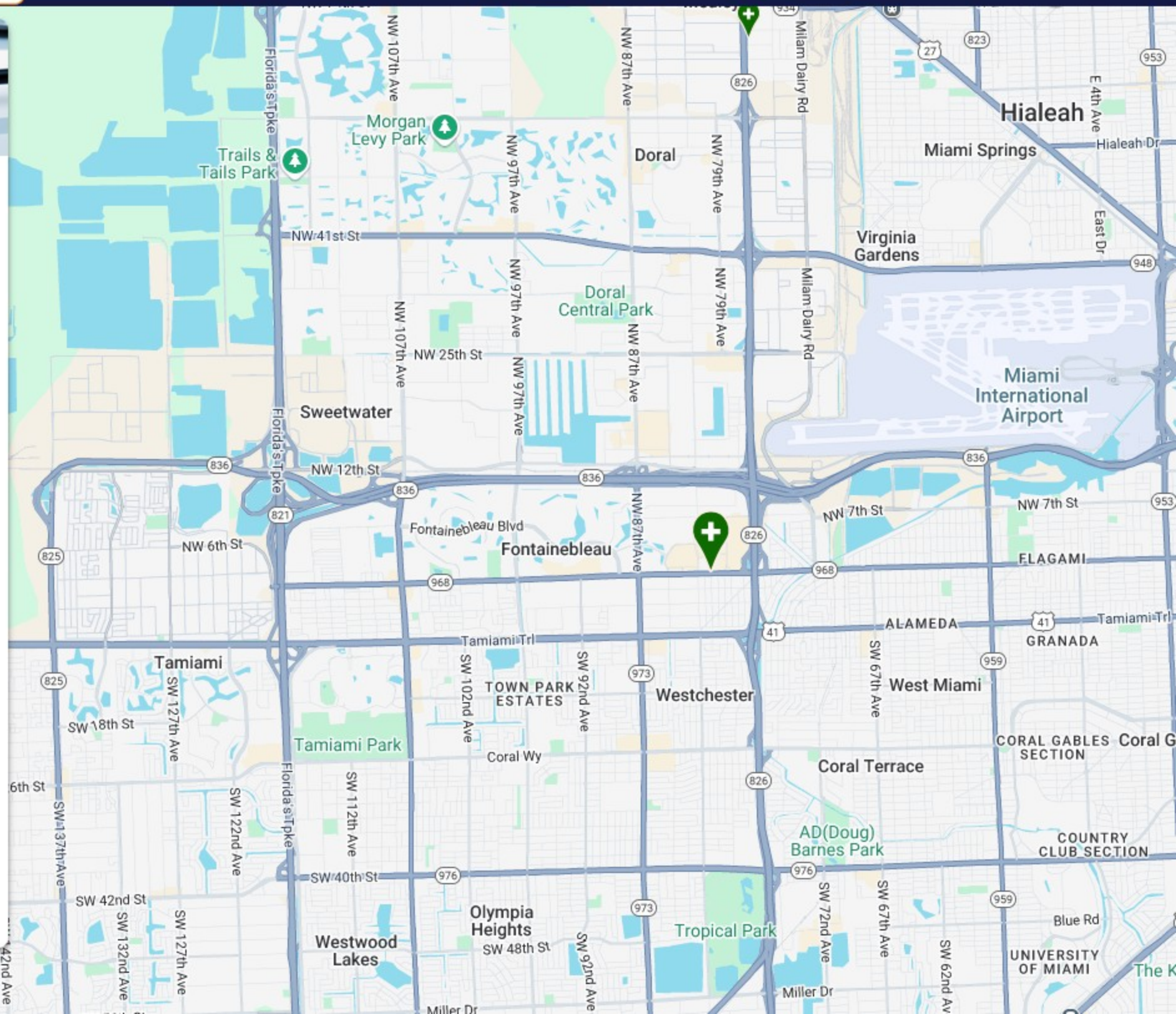
Business Email

lrcastillo66@hotmail.com

Business Website

www.dotphysicalsmiami.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 (6/12/2025 11:12:51)

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

Driver Information

Name: ALEJANDRO PEREZ
FERNANDEZ

Date of Birth: 4/11/1991

CDL/CLP ⓘ: US-FL-P621000911310

Consent Information

Requested: 6/12/2025 10:56:02

Recorded: 6/12/2025 11:12:51

Status: Provided

Query History

Created: 6/12/2025 10:56:02

Completed: 6/12/2025 11:12:51

Query Result: Driver Not Prohibited

LEARN MORE

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

Open Violations

No Open Violations