Form MCSA-5876

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

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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:** Geffrard **First Name:** Christial 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
- ☐ 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)*
- ☐ 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: 3/31/2025

Medical Examiner's Signature

Medical Examiner's Telephone Number: (407) 855-7199

Date Certificate Signed: 3/31/2023

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

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

Medical Examiner's State License, Certificate, or Registration Number: CH7807

Issuing State: FL

National Registry Number: 3223000069

Driver's Signature

Driver's License Number: G166100834060

Issuing State/Province: FL

Driver's Address
Street Address: 5460 Cinderlane Pkwy City: Orlando State/Province: FL Zip Code: 32808

CLP/CDL Applicant/Holder ☒ Yes ○ No

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Rev 3/29/22

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Dr. William Hoffmeister
(Doctor Of Chiropractic)

Email Website

Practice Business Name
Pine Castle Chiropractic Center

Address
707 E. Oakridge Road Orlando, FL 32809

Hours of Operation
m, t, th 7:30-3:00pm wed, friday7:30-12pm

National Registry Number
3223000069

Certification Date
04/09/2013

Distance
N/A

Business Phone
(407) 855-7199

Business Fax Number
4078557237

Business Email
pinecastlecc01@yahoo.com