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U.S. Department of Transportation  
Federal Motor Carrier  
Safety Administration

**MEDICAL EXAMINER'S CERTIFICATE**  
(For Commercial Driver Medical Certification)

**CMV DRIVER CERTIFICATION**

I certify that I have examined (last name) Hernandez (first name) Rafael 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):
- ☐ 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 (specify type): \_\_\_\_\_ ☐ Driving within an exempt intracity zone (49 CFR 391.62) (F)
- ☐ 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

08/30/2024

**MEDICAL EXAMINER INFORMATION**

Medical Examiner's Signature

Dr. William Denning

Medical Examiner's Telephone Number

570-956-4745

Date Certificate Signed

08/30/2022

Medical Examiner's Name (please print or type)

Dr. William Denning BS, DC

☐ MD

☐ Physician Assistant

☐ Advanced Practice Nurse

☐ DO

☒ Chiropractor

☐ Other Practitioner (specify) \_\_\_\_\_

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

(TX: 12469) (FL: CH13031)

Issuing State

TX

National Registry Number

7823793339

**CMV DRIVER INFORMATION**

Driver's Signature

Rafael Hernandez

Driver's License Number

E182250002

Issuing State/Province

MO

DOB

10/02/19

Driver's Address

Street Address: 2318 W Springlane St City: Springfield

State/Province: MO

Zip Code: 65807

CLP/CDL Applicant

☒ Yes ☐ No

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 **Dr. William Denning**  
(Doctor Of Chiropractic)



Email



Website

**Practice Business Name**  
Dr. William Denning Bs, Dc

**Address**  
8102 Cavalli Way Lake Worth, FL 33467

**Hours of Operation**  
8am - 8pm

**National Registry Number**      **Certification Date**  
7823793339                      08/23/2013

**Distance**                      **Business Phone**  
N/A                              (570) 956-4745

**Business Fax Number**  
-

**Business Email**  
wcdcmd@gmail.com

