

Public Burden Statement

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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: DA SILVA** **First Name: FLAVIO** 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

Medical Examiner's Signature: [Signature] Medical Examiner's Telephone Number: 813 302 7240 Date Certificate Signed: 12/13/2023

Medical Examiner's Name (please print or type): Douglas Clearwater

Medical Examiner's State License, Certificate, or Registration Number: CH8998

☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse

☐ DO ☒ Chiropractor ☐ Other Practitioner (specify) _____

Issuing State: FL National Registry Number: 7114392130

Driver's Signature: [Signature] Driver's License Number: D241253642235 Issuing State/Province: FL

Driver's Address: 6631 LONG BAY LN City: TAMPA State/Province: FL Zip Code: 33615 CLP/CDL Applicant/Holder: ☒ Yes ☐ No

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Rev 3/29/22



 **Dr. Douglas Clearwater**
(Doctor Of Chiropractic)



Email



Website

Practice Business Name
Injury Health Center

Address
2901 West Busch Blvd Suite 807 Tampa, FL 33618

Hours of Operation
9a-4:30

National Registry Number	Certification Date
7114392130	05/17/2016

Distance	Business Phone
N/A	(813) 302-7246

Business Fax Number
8133245700

Business Email
tlikadc@gmail.com

