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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: FERRERA ZELAYA** **First Name: JUAN** in accordance with (please check only one): **09/10/1974**

- ☒ 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. File #9817

Medical Examiner's Certificate Expiration Date
7/18/2024

Medical Examiner's Signature

Medical Examiner's Name (please print or type)

E. S. HANSEN

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

CH10125

Medical Examiner's Telephone Number

954-797-1490

Date Certificate Signed

7/19/2022

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

Issuing State

FL

National Registry Number

2827263503

Driver's Signature

Driver's Address

Street Address: 6215 W 22ND CT APT 25

City: HIALEAH

State/Province: FL

Zip Code: 33016

Driver's License Number

F662426743300

Issuing State/Province

FL

CLP/CDL Applicant/Holder

☒ Yes ☐ No



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National Registry Number

2827263503

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Dr. E.S. Hansen (Doctor Of Chiropractic)

DOT PHYSICALS PLUS

2705 Burris Rd Fort Lauderdale, FL 33314

(954) 797-1490

N/A [Directions](#)

SW 46th Ave

Burris Rd

SW 46th Ave

