Form MCSA-5876

OMB No.: 2126-0006 Expiration Date: 12/31

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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:** Bucknor **First Name:** Ian in accordance with (*please check only one*):

- (•) the Federal Motor Carrier Safety Regulations (49 CFR 391.41 (b)(10)) 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 (b)(10) and 390.3(f)) 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)
- [ ] 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: 02/15/2025

Medical Examiner's Signature

Medical Examiner's Telephone Number: (954) 731-4900

Date Certificate Signed: 02/15/2024

Medical Examiner's Name (*please print or type*): Robert Warmund

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

Medical Examiner's State License, Certificate, or Registration Number: CH7873

Issuing State: Florida

National Registry Number: 4161955012

Driver's Signature

Driver's License Number: B256-411-78-337-0

Issuing State/Province: Florida

Driver's Address

Street Address: 3623 NW 30th PL APT 201 City: Lauderdale Lakes State/Province: FL Zip Code: 33311

CLP/CDL Applicant/Holder: (•) Yes ( ) No

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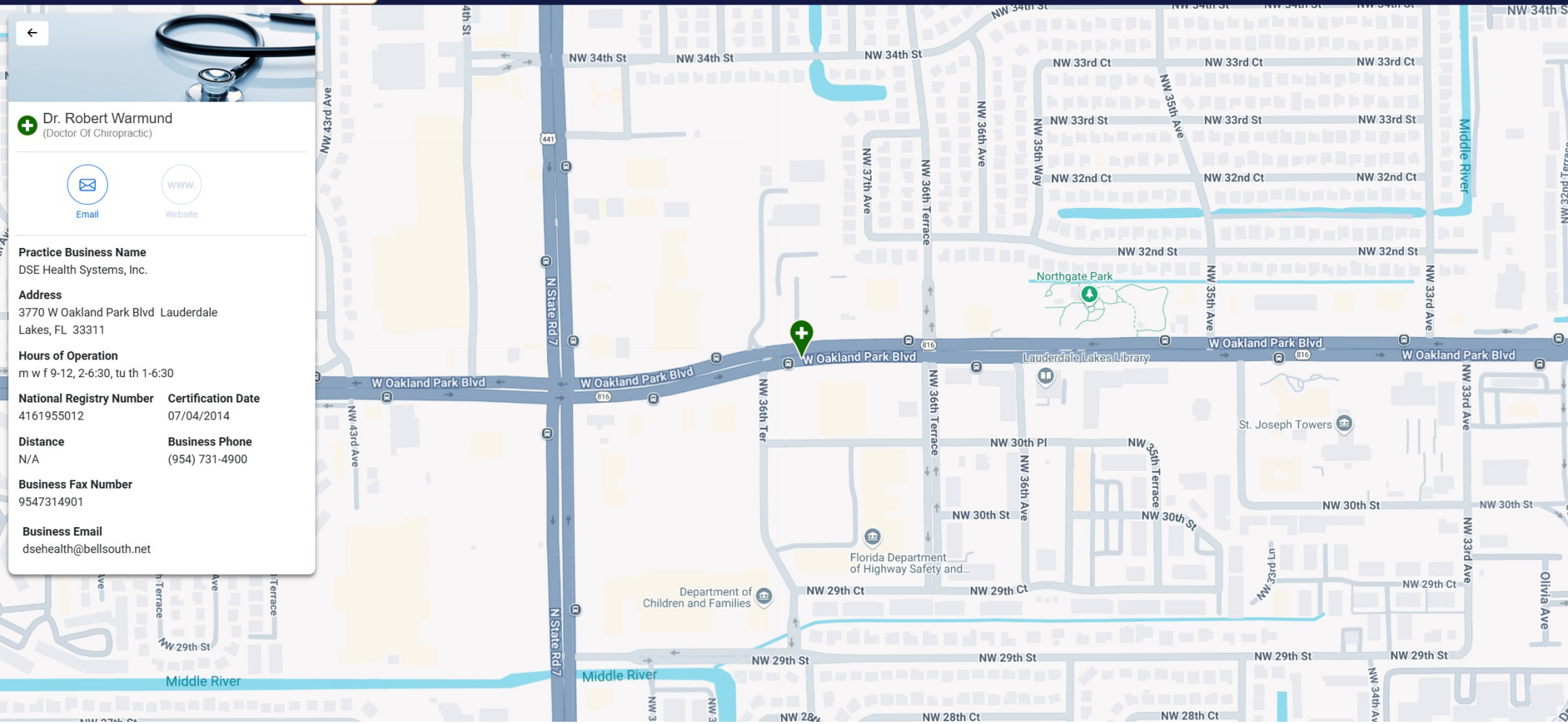

Dr. Robert Warmund
(Doctor Of Chiropractic)

Email Website

Practice Business Name
DSE Health Systems, Inc.

Address
3770 W Oakland Park Blvd Lauderdale Lakes, FL 33311

Hours of Operation
m w f 9-12, 2-6:30, tu th 1-6:30

National Registry Number
4161955012

Certification Date
07/04/2014

Distance
N/A

Business Phone
(954) 731-4900

Business Fax Number
9547314901

Business Email
dsehealth@bellsouth.net