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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) Tamayo Hernandez (first name) Dirkis in accordance with (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 (specify type): _____ ☐ 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)

Medical Examiner's Certificate Expiration Date

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.

07-29-24

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature

Medical Examiner's Telephone Number

Date Certificate Signed

713-213-7803

07-29-22

Medical Examiner's Name (please print or type)

DR. JENNY T. LE

☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse

☐ DO ☒ Chiropractor ☐ Other Practitioner (specify) _____

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

DC09174TX

Issuing State

TX

National Registry Number

4762579227

CMV DRIVER INFORMATION

Driver's Signature

Driver's License Number

Issuing State/Province

36677858

TX

Driver's Address

Street Address: 24103 Lone Elm Dr City: Spring State/Province: TX Zip Code: 77373

CLP/CDL

Applicant/Holder

☒ Yes ☐ No

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Rev 12/15/21

FMCSA

Federal Motor Carrier Safety Administration



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←

Dr. Jenny Le
(Doctor Of Chiropractic)



Email



Website

Practice Business Name

Wellness & Drivers Physical Clinic

Address

440 Benmar Dr., Ste. 1020 Houston, TX 77060

Hours of Operation

mon - fri: 9 - 5 pm

National Registry Number

4762579227

Certification Date

04/19/2014

Distance

N/A

Business Phone

(281) 741-3575

Business Fax Number

7133574833

Business Email

dr.jenny@msn.com

Business Website

www.dotphysical101.com

