

## 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: DE PENA First Name: ROBERT 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  
01/03/2025

Medical Examiner's Signature

Medical Examiner's Telephone Number

(772) 336-8600

Date Certificate Signed

01/03/2024

Medical Examiner's Name (please print or type)

Tara Murray☐ MD☐ Physician Assistant☐ Advanced Practice Nurse☐ DO☒ Chiropractor☐ Other Practitioner (specify) \_\_\_\_\_

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

ch10870

Issuing State

Florida

National Registry Number

8576431125

Driver's Signature

Driver's License Number

D150-760-72-122-0

Issuing State/Province

Florida

Driver's Address

Street Address: 511 CHERIMOYA STCity: FORT PIERCEState/Province: FLZip Code: 34981CLP/CDL Applicant/Holder  
☒ Yes ☐ No

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 **Dr. Tara Murray**  
(Doctor Of Chiropractic)



Email



Website

**Practice Business Name**

Oasis Chiropractic and Wellness, Inc.

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**Hours of Operation**

mon-fri 8am to 4pm, sat 8am to 1pm

**National Registry Number**

8576431125

**Certification Date**

05/16/2014

**Distance**

N/A

**Business Phone**

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