

## 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:** Melendez **First Name:** Dario in accordance with (please check only one):

☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.45) 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 391.41-391.45) 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 391.61) (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

05/09/2024

**Medical Examiner's Signature** [Signature] **Medical Examiner's Telephone Number** 352-643-1834 **Date Certificate Signed** 05/09/2024

**Medical Examiner's Name (please print or type)** Dr. Bethany Dixon

**Medical Examiner's State License, Certificate, or Registration Number** 1281117810

**Issuing State** FL **National Registry Number** 6766868041

**Driver's Signature** [Signature] **Driver's License Number** M453160711350 FL **Issuing State/Province** FL

**Driver's Address** 7736 NW 193 Ter **City:** Hoquiam **State/Province:** FL **Zip Code:** 33015 **CLP/CDL Applicant/Holder** ☒ Yes ☐ No

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 **Dr. Bethany Dixon**  
(Doctor Of Chiropractic)



Email



Website

**Practice Business Name**

Drivers Health Clinic

**Address**

556 E SR 44 Wildwood, FL 34785

**Hours of Operation**

monday by appt only, tues, wed, thurs, friday 10-5

**National Registry Number**

6766868041

**Certification Date**

10/16/2014

**Distance**

N/A

**Business Phone**

(352) 643-1034

**Business Fax Number**

\*

**Business Email**

drdixon@drivershealthclinic.com

**Business Website**

www.drivershealthclinic.com

