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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:** HERARD **First Name:** SMITH in accordance with (please check only one):

10/06/1984

- ☒ 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  
☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate

- ☐ Driving within an exempt intracity zone (49 CFR 391.62) (Federal)  
☐ 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 #5350

**Medical Examiner's Certificate Expiration Date**

2/5/2026

**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**2/6/2024

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

**Issuing State**FL**National Registry Number**2827263503**Driver's Signature****Driver's License Number**071493081**Issuing State/Province**GA**Driver's Address****Street Address:** 1206 AMBER CHASE DR**City:** MCDONOUGH**State/Province:** GA**Zip Code:** 30253**CLP/CDL Applicant/Holder**☒ Yes ☐ No





## Search Medical Examiners

National Registry Number

Business Name

2827263503

First Name

Last Name

[Basic Search](#)

[Search](#)

[Previous Page](#)

1 of 1

[Next Page](#)

 **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

