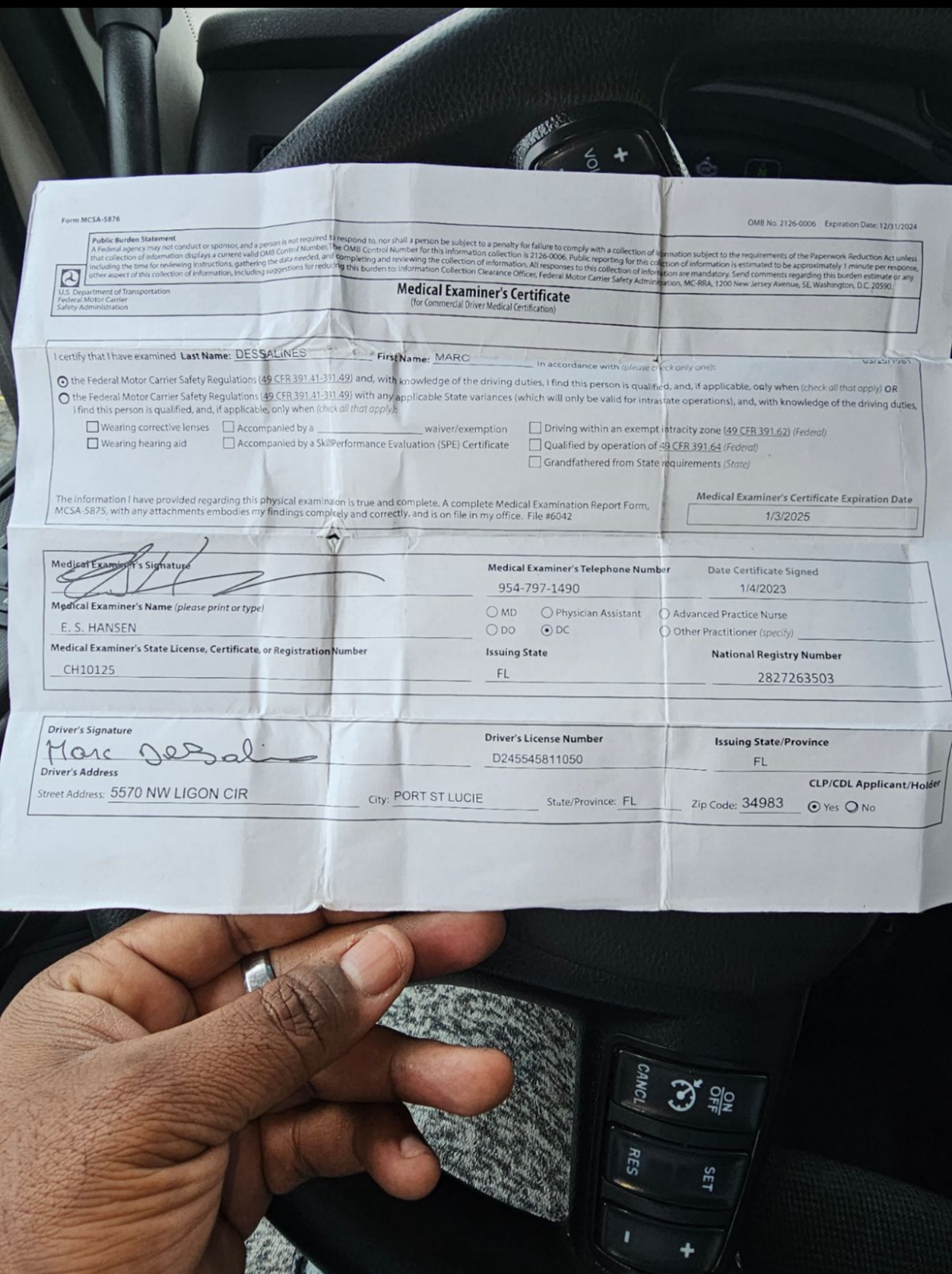


Form MCSA-5876

OMB No. 2126-0006 Expiration Date: 12/31/2024

Public Burden Statement
A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to be approximately 1 minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

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:** DESSALINES **First Name:** MARC 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 SkillPerformance 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. File #6042

Medical Examiner's Certificate Expiration Date: 1/3/2025

Medical Examiner's Signature

Medical Examiner's Telephone Number: 954-797-1490

Date Certificate Signed: 1/4/2023

Medical Examiner's Name *(please print or type)*: E. S. HANSEN

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

Medical Examiner's State License, Certificate, or Registration Number: CH10125

Issuing State: FL

National Registry Number: 2827263503

Driver's Signature

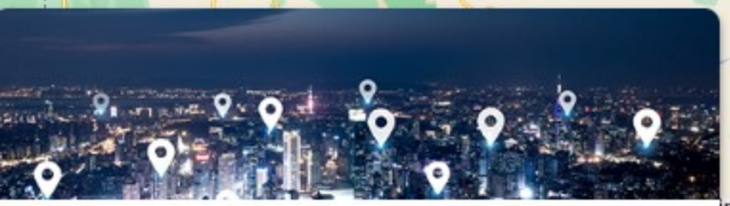
Driver's License Number: D245545811050

Issuing State/Province: FL

Driver's Address

Street Address: 5570 NW LIGON CIR City: PORT ST LUCIE State/Province: FL Zip Code: 34983

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



Search Medical Examiners

City, State or Zipcode | 10 | Miles

National Registry Number: 2827263503

Business Name:

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*