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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

CORADO

LUIS

I certify that I have examined (last name) \_\_\_\_\_ (first name) \_\_\_\_\_ 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 (specify type): \_\_\_\_\_☐ Wearing hearing aid☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate☐ Driving within an exempt intracity zone (49 CFR 391.63 (federal))☐ Qualified by operation of 49 CFR 391.63 (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

6/1/24

#### MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature

Medical Examiner's Telephone Number

(305) 834-7900

Date Certificate Signed

6/2/22

Medical Examiner's Name (please print or type)

JARED ROSE

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

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

CH10847

Issuing State

Florida

National Registry Number

4294143777

#### CMV DRIVER INFORMATION

Driver's Signature

Driver's License Number

C630521782521

Issuing State/Province

FL

Driver's Address

Street Address:

404 SUSUR

City:

MIAMI

State/Province:

FL

Zip Code:

33130

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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 City, State or Zipcode **10**  Miles 

National Registry Number

Business Name

4294143777

First Name

Last Name

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 **Dr. Jared Rose (Doctor Of Chiropractic)**

 **Sobe Health Center**

16585 nw 2 ave Suite #300 miami, FL 33169

 (305) 834-7900

 N/A [Directions](#) 



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860

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NV