Form MCSA-5876 Expiration Date: 03/31/2025

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:** Morancy **First Name:** Pierrevens 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: 02/13/2025

Medical Examiner's Signature: [signature] **Medical Examiner's Telephone Number:** (407) 855-7199 **Date Certificate Signed:** 02/13/2023

Medical Examiner's Name *(please print or type)*: William Hoffmeister

( ) MD ( ) Physician Assistant ( ) Advanced Practice Nurse
( ) DO (●) Chiropractor ( ) Other Practitioner *(specify)* _____

Medical Examiner's State License, Certificate, or Registration Number: CH7807 **Issuing State:** FL **National Registry Number:** 3223000069

Driver's Signature: [signature] **Driver's License Number:** M682-660-92-243-0 **Issuing State/Province:** FL

Driver's Address
Street Address: 5134 chakanotosa cir City: Orlando State/Province: FL Zip Code: 32818

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

This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.

United States Department of Transportation

FMCSA
Federal Motor Carrier Safety Administration

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Previous Page | 1 of 1 | Next Page

Dr. William Hoffmeister (Doctor Of Chiropractic)
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