Form MCSA-5876

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

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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:** RICHARD **First Name:** LUKENS 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
- ☐ Wearing hearing aid
- ☐ Accompanied by a _____ waiver/exemption
- ☐ 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.

Medical Examiner's Certificate Expiration Date: 10/15/2025

Medical Examiner's Signature JM

Medical Examiner's Telephone Number: (305) 834-7900

Date Certificate Signed: 10/16/2023

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

Driver's Signature x Lukens

Driver's License Number: R263520842200

Issuing State/Province: Florida

Driver's Address

Street Address: 20030 NW 15TH AVE City: MIAMI GARDENS State/Province: FL Zip Code: 33169

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

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Rev 1/5/22

United States Department of Transportation

FMCSA
Federal Motor Carrier Safety Administration

NATIONAL REGISTRY OF CERTIFIED MEDICAL EXAMINERS

Search Medical Examiners

City, State or Zipcode | 10 | Miles

National Registry Number: 4294143777

Business Name:

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