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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:** Marcellus **First Name:** Christian 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 ☐ 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 Date02-07-2026**Medical Examiner's Signature**Dr. Glen Siegel**Medical Examiner's Name (please print or type)**DR. GLEN SIEGEL, D.C.**Medical Examiner's State License, Certificate, or Registration Number**CH0002753**Medical Examiner's Telephone Number**9549668770**Date Certificate Signed**FEB 07 2024☐ MD☐ Physician Assistant☐ Advanced Practice Nurse☐ DO☒ Chiropractor☐ Other Practitioner (specify) _____**Issuing State**Florida**National Registry Number**☒ 9025119803**Driver's Signature**Christian Marcellus**Driver's License Number**M624100893270**Issuing State/Province**Florida**Driver's Address****Street Address:**2335 NE 172 street Apt 11**City:** North Miami Beach**State/Province:** FL**Zip Code:**33160**CLP/CDL Applicant/Holder**☒ Yes ☐ No

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**FMCSA**

Federal Motor Carrier Safety Administration

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[N/A](#) [Directions](#)**+** Dr. GLEN SIEGEL (Doctor Of Chiropractic)**GLEN SIEGEL, P.A.**3899 NW 7th ST., SUITE 202 BANK of AMERICA
BLDG. MIAMI, FL 33126

(954) 966-8770

[N/A](#) [Directions](#)**+** Dr. GLEN SIEGEL (Doctor Of Chiropractic)**GLEN SIEGEL, P.A.**

100 NW 82nd Avenue SUITE

Wildlife...

Everglades
Wildlife
Management
Area...

Andytown

Weston

Southwest
Ranches

SILVERLAKES

TOWN GATE

Pembroke
Pines

Miramar

Ronald Reagan Tpke

Miami
GardensMiami
LakesHialeah
Gardens

Hialeah

Doral

Miami
Springs

WYNWOOD

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Query Detail

Query Overview

Employer Conducting Query: ZIGI FREIGHT INC (USDOT# 2828543)

Query Result: Driver Not Prohibited

Query Status: Completed (4/22/2024 9:44:24)

Conducted By: Teodora Nikolic

Query Type: Pre-employment

Query Submitted: Manually

Driver Information

Name: CHRISTIAN MARCELLUS

Date of Birth: 9/7/1989

CDL/CLP ⓘ: US-FL-M624100893270

Consent Information

Requested: 4/22/2024 9:42:51

Recorded: 4/22/2024 9:44:24

Status: Provided

Query History

Created: 4/22/2024 9:42:51

Completed: 4/22/2024 9:44:24

Query Result: Driver Not Prohibited

LEARN MORE

 The Return-to-Duty Process

Open Violations

No Open Violations