

Public Burden Statement

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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: Lago First Name: Carl 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

1/6/25

Medical Examiner's Signature: [Signature] Medical Examiner's Telephone Number: 786 82 1819 Date Certificate Signed: 1/6/23

Medical Examiner's Name (please print or type): Jarva Kahl

Medical Examiner's State License, Certificate, or Registration Number: 7840

☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse

☒ DO ☒ Chiropractor ☐ Other Practitioner (Specify) _____

Issuing State: FL National Registry Number: 2356768299

Driver's Signature: [Signature] Driver's License Number: L242120834829FL Issuing State/Province: _____


Driver's Address: 36015 Hwy 25 f Lake Wales State/Province: FL ZIP Code: 33853

Street Address: _____ CLP/CDL Applicant/Holder ☒ Yes ☐ No

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**FMCSA**

Federal Motor Carrier Safety Administration

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Ms. Tanya Kahl
(Doctor Of Chiropractic)

[Email](#) [Website](#)

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Hours of Operation
m-f 10-7, sat 10-2

National Registry Number 2356768299 **Certification Date** 01/10/2014

Distance N/A **Business Phone** (786) 327-8179

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