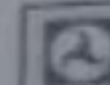


Public Burden Statement

A federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB Control Number. The OMB Control Number for this information collection is 2125-0056. Public reporting for this collection of information is estimated to be approximately 1 minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Information Collection Clearance Office, Federal Motor Carrier Safety Administration, MC 98A, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.



U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

07/04/1978

I certify that I have examined **Last Name:** BAYARD**First Name:** DUTHENE in accordance with (please mark 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
- ☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate

- ☐ Driving within an exempt intrastate zone (49 CFR 391.62) (Federal)
- ☐ Qualified by operation of 49 CFR 391.64 (Federal)
- ☐ Grandfathered from State requirements (State)

Medical Examiner's Certificate Expiration Date
5/1/2025

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. File #6317

Medical Examiner's Signature

Medical Examiner's Name (please print or type)

E. S. HANSEN

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

CH10125

Medical Examiner's Telephone Number

954-797-1490

- ☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse
- ☐ DO ☒ DC ☐ Other Practitioner (specify) _____

Issuing State

FL

Date Certificate Signed

05/02/2023

National Registry Number

2827263503

Driver's Signature

Driver's Address

Street Address: 4881 NW 22ND ST APT B10

City: LAUDERHILL

State/Province: FL

Zip Code: 33313

CLP/CDL Applicant/Holder

☒ Yes ☐ No

Driver's License Number

B630160762441

Issuing State/Province

FL



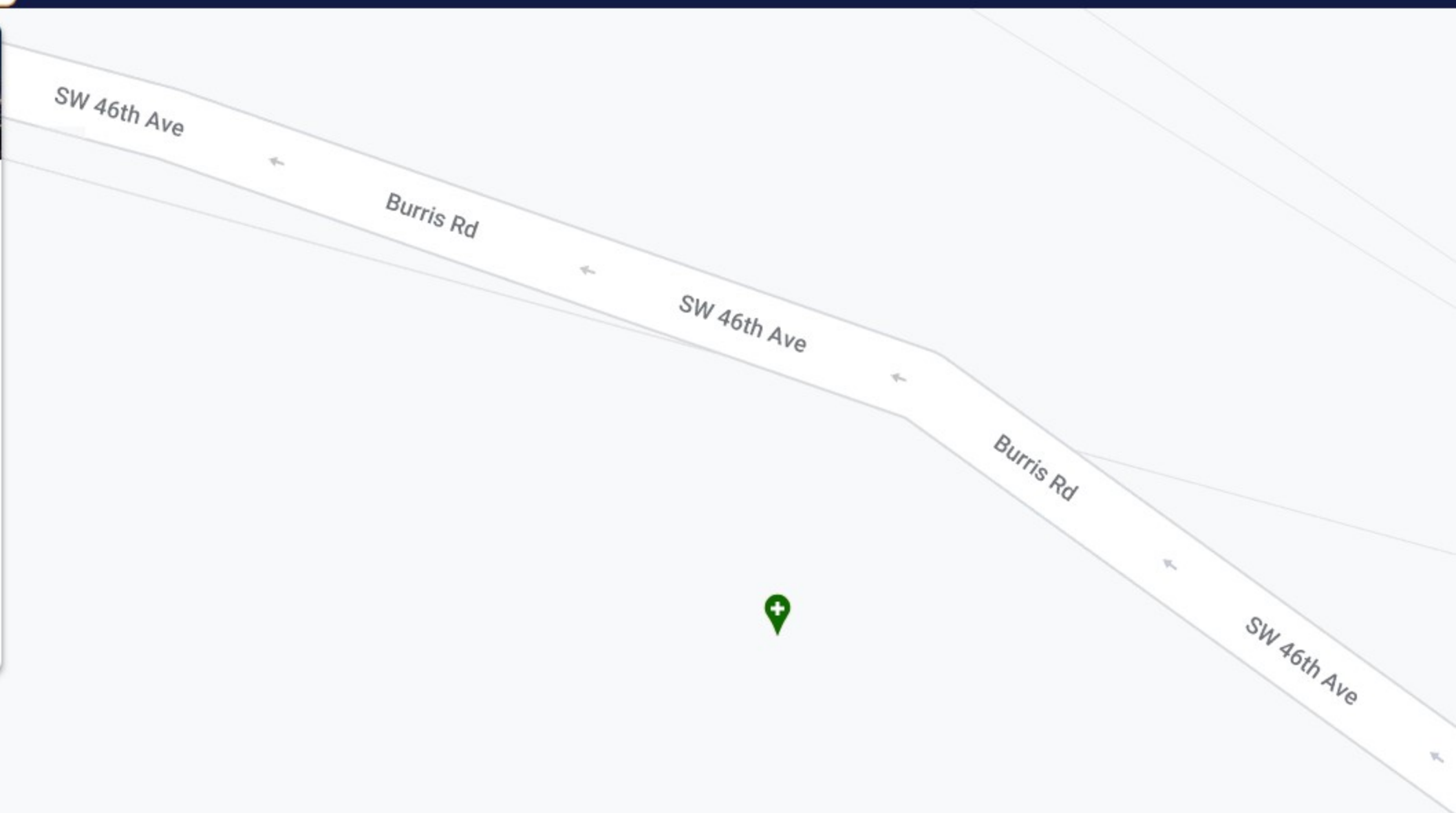
Search Medical Examiners

National Registry Number	Business Name
<input type="text" value="2827263503"/>	<input type="text"/>
First Name	Last Name
<input type="text"/>	<input type="text"/>

[Basic Search](#)

1 of 1

 **Dr. E.S. Hansen (Doctor Of Chiropractic)**
 **DOT PHYSICALS PLUS**
2705 Burris Rd Fort Lauderdale, FL 33314
 (954) 797-1490  N/A [Directions](#)





Dr. E.S. Hansen
(Doctor Of Chiropractic)

[Email](#)[Website](#)**Practice Business Name**

DOT PHYSICALS PLUS

Address

2705 Burris Rd Fort Lauderdale, FL 33314

Hours of Operation

0800-2300

National Registry Number

2827263503

Certification Date

01/18/2013

Distance

N/A

Business Phone

(954) 797-1490

Business Fax Number

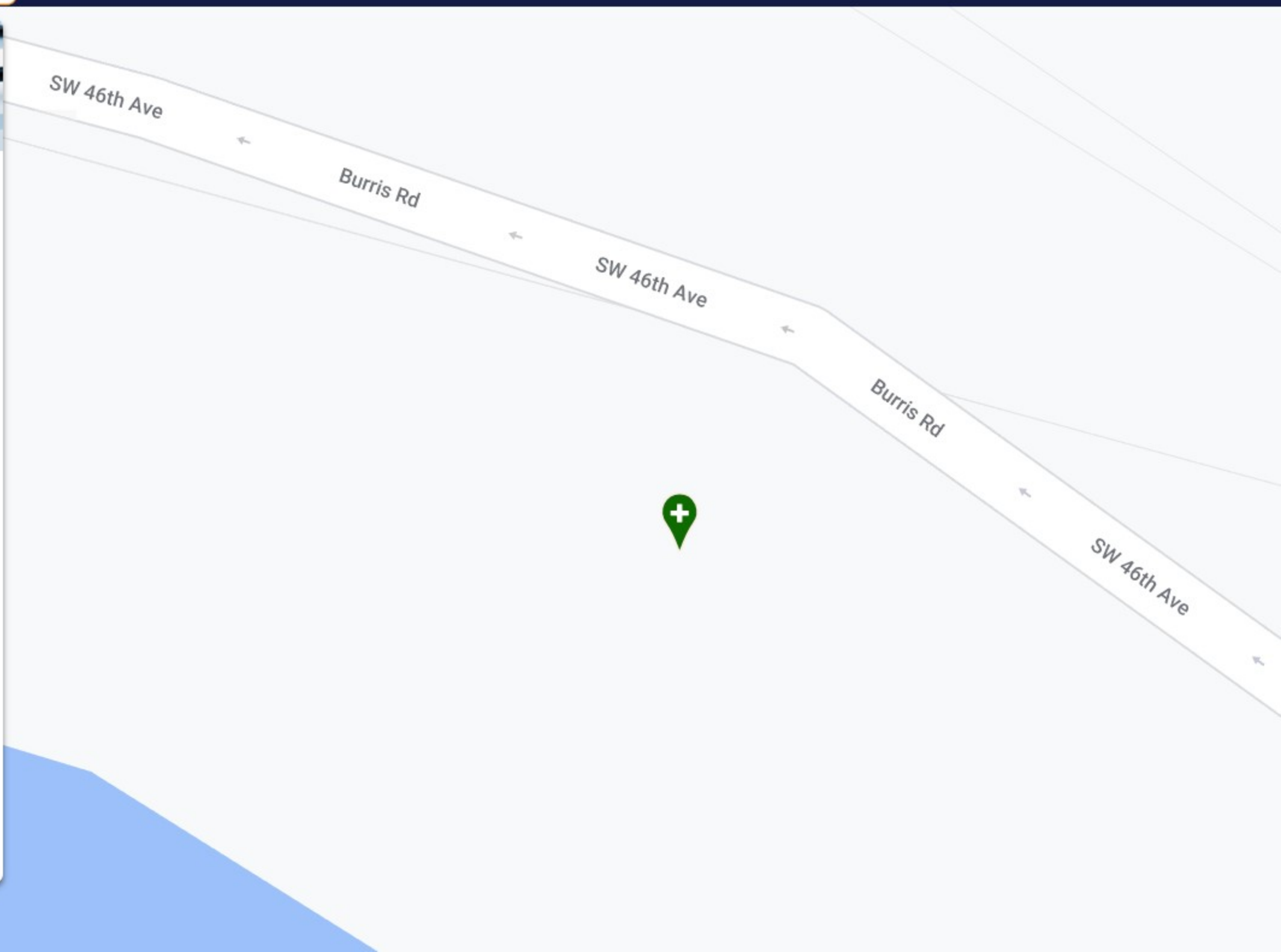
-

Business Email

dotphysicalsplus@gmail.com

Business Website

dotphysicalsplus.com



Query Detail

Query Overview

Employer Conducting Query: RIKI TRANSPORTATION INC (USDOT# 3119062)

Query Result: Driver Not Prohibited

Query Status: Completed (6/7/2024 12:29:44)

Conducted By: RADOSLAV KOVACEVIC | **Query Type:** Pre-employment | **Query Submitted:** Manually

Driver Information

Name: DUTHENE BAYARD

Date of Birth: 7/4/1976

CDL/CLP ⓘ: US-FL-B630160762441

Consent Information

Requested: 6/7/2024 12:25:14

Recorded: 6/7/2024 12:29:25

Status: Provided

Query History

Created: 6/7/2024 12:25:13

Completed: 6/7/2024 12:29:44

Query Result: Driver Not Prohibited

LEARN MORE

 The Return-to-Duty Process

Open Violations

No Open Violations