Form MCSA-5876

OMB No. 2126-0006 Expiration Date: 03/31/2025

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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:** Grear **First Name:** David 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 09-19-2025

Medical Examiner's Signature Dr Glen Siegel

Medical Examiner's Telephone Number (954) 966-8770

Date Certificate Signed SEP 19 2023

Medical Examiner's Name (please print or type) DR. GLEN SIEGEL, D.C.

○ MD ○ Physician Assistant ○ Advanced Practice Nurse
○ DO ◉ Chiropractor ○ Other Practitioner (specify) _____

Medical Examiner's State License, Certificate, or Registration Number CH0002753

Dr. Glen Siegel, D.C.
LIC CH0002753
100 NW 82nd Ave Ste 106
Plantation, FL 33324
954-370-6900

Issuing State Florida

National Registry Number 9025119803

Driver's Signature David Grear

Driver's License Number G-660-161-79-381-0 **Issuing State/Province** Florida

Driver's Address
Street Address: 2454 Centergate Dr City: Miramar State/Province: FL Zip Code: 33025

CLP/CDL Applicant/Holder ◉ Yes ○ No

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Rev. 3/29/22

United States Department of Transportation

FMCSA
Federal Motor Carrier Safety Administration

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Dr. GLEN SIEGEL (Doctor Of Chiropractic)

GLEN SIEGEL, P.A.

7942 PINES BLVD PEMBROKE PINES, FL 33024

(954) 966-8770 *N/A*

Dr. GLEN SIEGEL
(Doctor Of Chiropractic)

Email Website

Practice Business Name
GLEN SIEGEL, P.A.

Address
7942 PINES BLVD PEMBROKE PINES, FL 33024

Hours of Operation
mon. & wed. & frid.

National Registry Number
9025119803

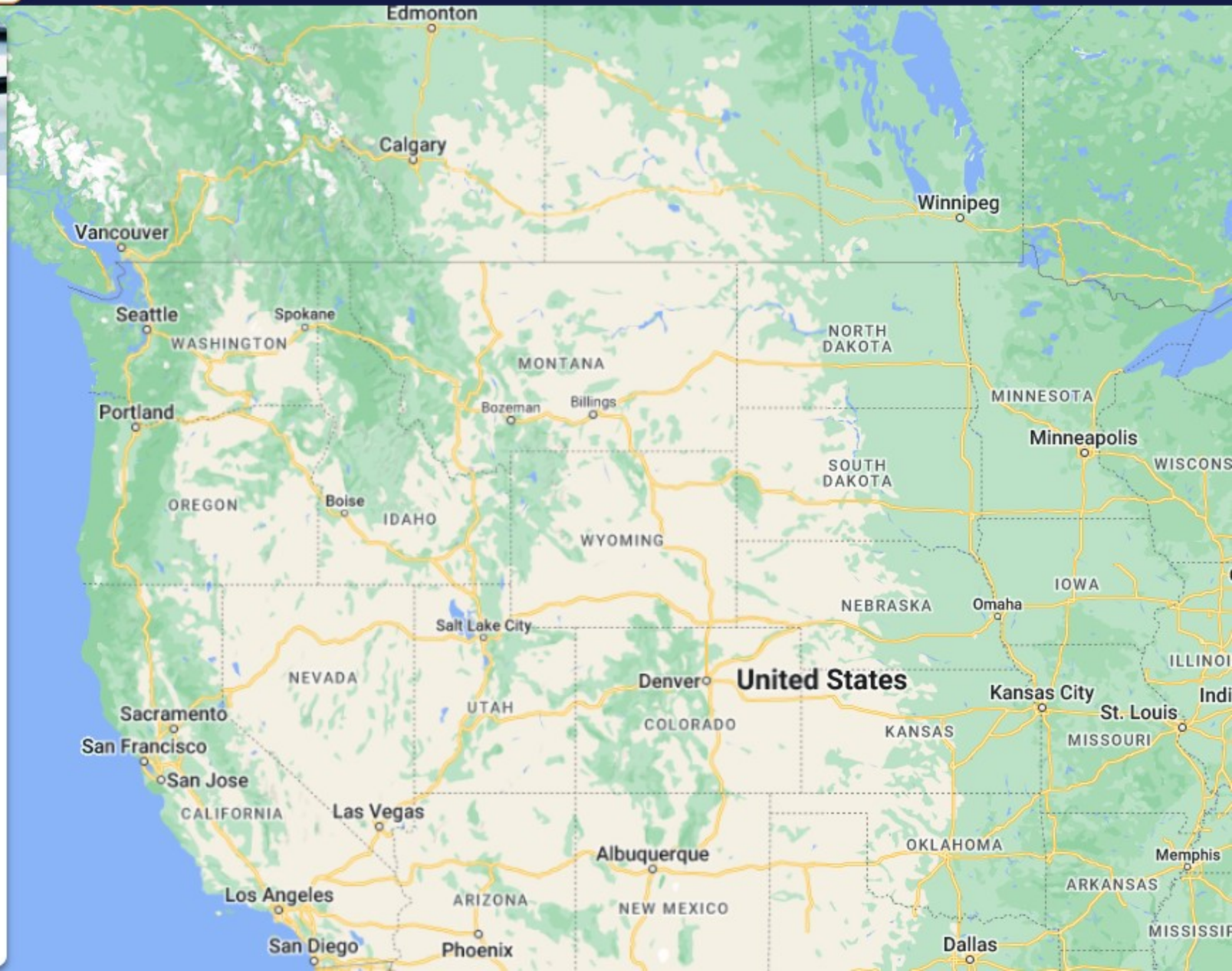
Certification Date
06/08/2013

Distance
N/A

Business Phone
(954) 966-8770

Business Fax Number
9543671226

Business Email
drsiegel323@aol.com



Query Detail

Query Overview

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

Query Result: Driver Not Prohibited

Query Status: Completed (6/14/2024 15:54:03)

Conducted By: Teodora Nikolic | **Query Type:** Pre-employment | **Query Submitted:** Manually

Driver Information

Name: DAVID GREER
Date of Birth: 10/9/1979
CDL/CLP: US-FL-G660161793690

Consent Information

Requested: 6/14/2024 15:39:39
Recorded: 6/14/2024 15:54:03
Status: Provided

Query History

Created: 6/14/2024 15:39:39
Completed: 6/14/2024 15:54:03
Query Result: Driver Not Prohibited

Open Violations

No Open Violations

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The Return-to-Duty Process