

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:** Mejia Ramirez **First Name:** William 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 Date

06/20/2026

Medical Examiner's Signature

Medical Examiner's Name (please print or type)

Shanda Clarke

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

CH10283

Medical Examiner's Telephone Number

(407) 344-4242

Date Certificate Signed

06/20/2024

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

Issuing State

Florida

National Registry Number

1197856172

Driver's Signature

Driver's License Number

M265-926-71-191-0

Issuing State/Province

Florida

Driver's Address

Street Address: 6032 Peregrine Ave City: Orlando State/Province: FL Zip Code: 32819

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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Dr. Shanda Clarke
(Doctor Of Chiropractic)

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

Practice Business Name
Dema Rehab & Injury Clinic

Address
7758 Wallace Rd., Suite A Orlando, FL 32819

Hours of Operation
10-6

| | |
|--|---|
| National Registry Number 1197856172 | Certification Date 09/24/2020 |
| Distance N/A | Business Phone (407) 344-4242 |
| Business Fax Number 4073525883 | |
| Business Email okchiropractor@gmail.com | |
| Business Website https://www.orlandokissimmeechiropractor.com/ | |

