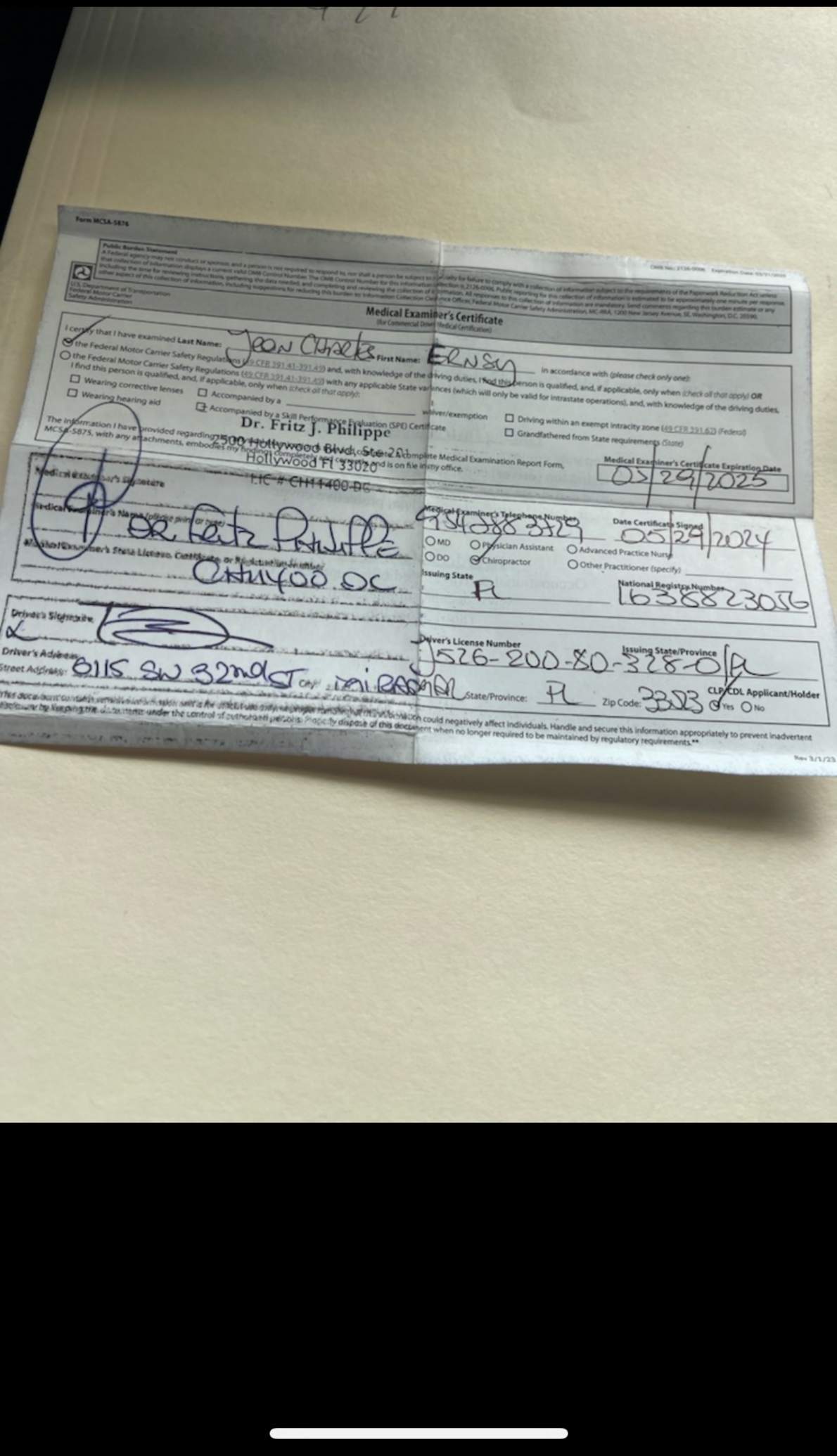

Form MCSA-5876

Public Burden Statement
A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to be approximately one 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 Officer, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

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

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:** JOHNSON CHARLES **First Name:** ERNSLY 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 completed medical examination and recorded on my Form MCSA-5875, with any attachments, embodies my findings, completed medical examination and is on file in my office.

Medical Examiner's Certificate Expiration Date: 05/29/2025

Dr. Fritz J. Philippe
7500 Hollywood Blvd, Ste. 201
Hollywood FL 33020
LIC # CH1400 DC

Medical Examiner's Signature: Dr. Fritz Philippe

Medical Examiner's Name (*please print or type*): Dr. Fritz Philippe

Medical Examiner's State License, Certificate, or Registration Number: CH1400 DC

Medical Examiner's Telephone Number: 9548883329

Date Certificate Signed: 05/29/2024

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

Issuing State: FL

National Registry Number: 1638823056

Driver's Signature: [signature]

Driver's License Number: J526-200-80-328-0 **Issuing State/Province:** FL

Driver's Address:
Street Address: 8115 SW 32nd St **City:** North Lauderdale **State/Province:** FL **Zip Code:** 33068

CLP/CDL Applicant/Holder: ☑ Yes ○ No

This document contains sensitive information that could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the document under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.**

Rev 3/1/23

Search Medical Examiners

City, State or Zipcode | 10 | Miles

National Registry Number: 1638823056

Business Name:

First Name:

Last Name:

Basic Search | Search

Previous Page | 1 of 1 | Next Page

Dr. Fritz Philippe (Doctor Of Chiropractic)
Body Of Light Wellness Center
2500 Hollywood blvd 201 Hollywood, FL 33020
(754) 816-5976 *N/A* Directions

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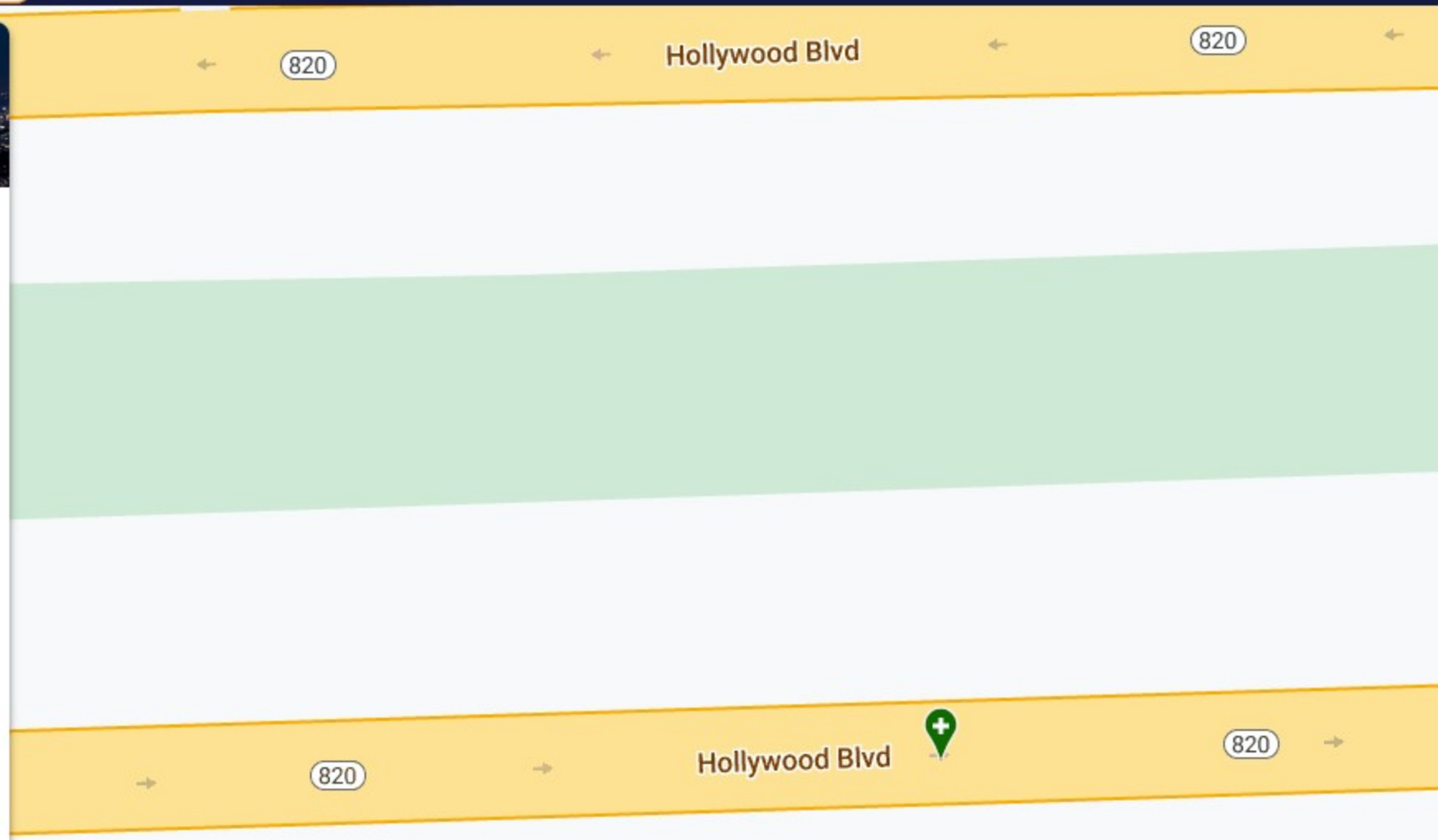


Dr. Fritz Philippe
(Doctor Of Chiropractic)

Email Website

Practice Business Name
Body of light Wellness Center

Address
2500 Hollywood blvd 201 Hollywood, FL 33020

Hours of Operation
8:30 am - 7:00 pm monday - friday. sat and sun per appointment

National Registry Number
1638823056

Certification Date
04/11/2015

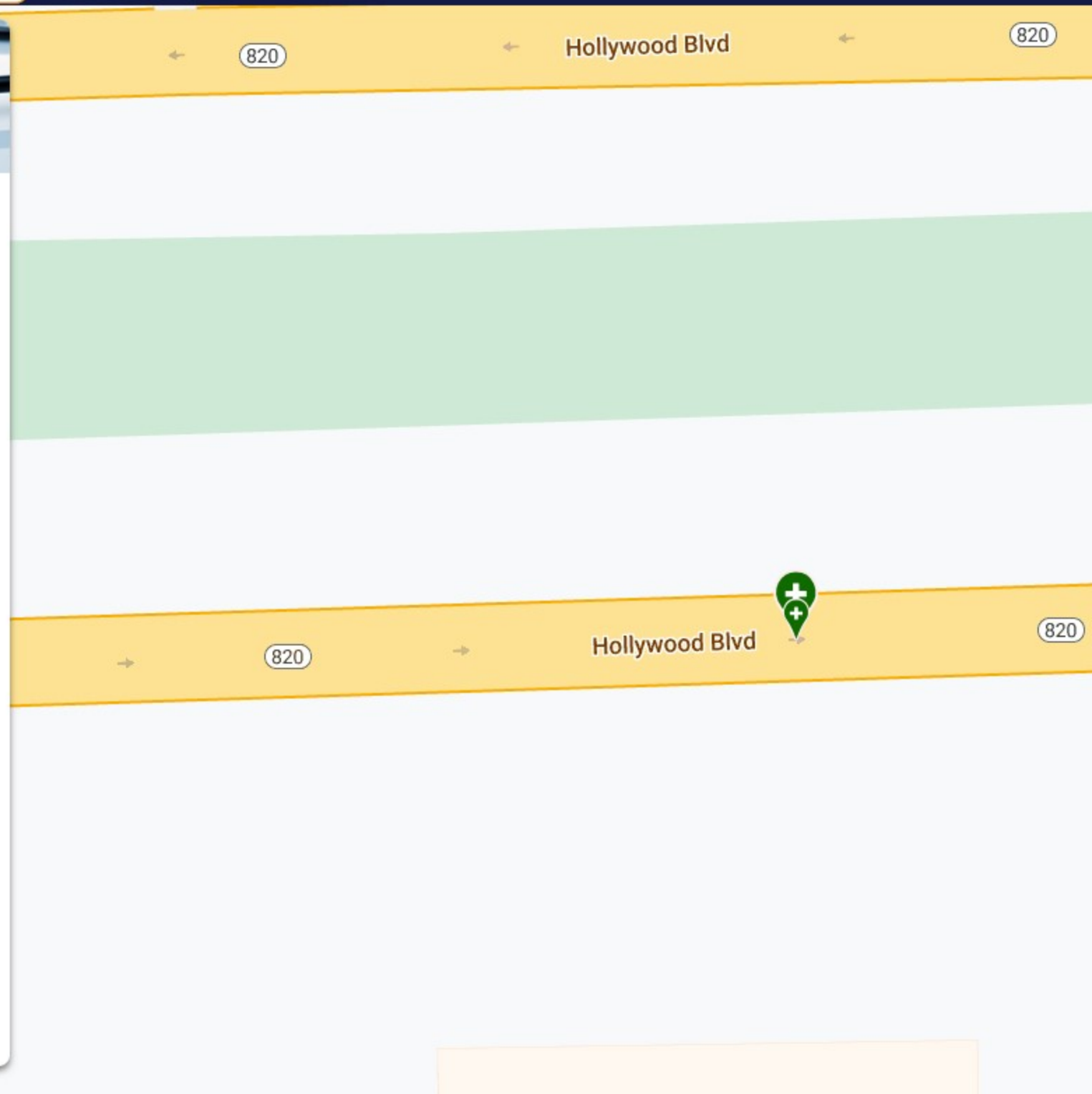
Distance
N/A

Business Phone
(754) 816-5976

Business Fax Number
-

Business Email
drphilippe1@yahoo.com

Business Website
https://lightchiropracticcare.com/dot-exams/



Query Detail

Query Overview

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

Query Result: Driver Not Prohibited

Query Status: Completed (7/30/2024 15:35:34)

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

Driver Information

Name: ERNSY JEAN CHARLES
Date of Birth: 9/8/1980
CDL/CLP: US-FL-J526200803280

Consent Information

Requested: 7/30/2024 15:32:14
Recorded: 7/30/2024 15:35:34
Status: Provided

Query History

Created: 7/30/2024 15:32:14
Completed: 7/30/2024 15:35:34
Query Result: Driver Not Prohibited

Open Violations

No Open Violations

LEARN MORE

- The Return-to-Duty Process