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:** Rodes **First Name:** Frank 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: 08/07/2026

Medical Examiner's Signature: _____

Medical Examiner's Telephone Number: (786) 327-8179

Date Certificate Signed: 08/07/2024

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

( ) MD ( ) Physician Assistant ( ) Advanced Practice Nurse
( ) DO (●) Chiropractor ( ) Other Practitioner *(specify)* _____

Medical Examiner's State License, Certificate, or Registration Number: CH7840

Issuing State: Florida

National Registry Number: 2356768299

Driver's Signature: _____

Driver's License Number: R320273891270

Issuing State/Province: Florida

Driver's Address

Street Address: 2075 SW 122 AVE City: Miami State/Province: FL Zip Code: 33175

CLP/CDL Applicant/Holder: (●) Yes ( ) No

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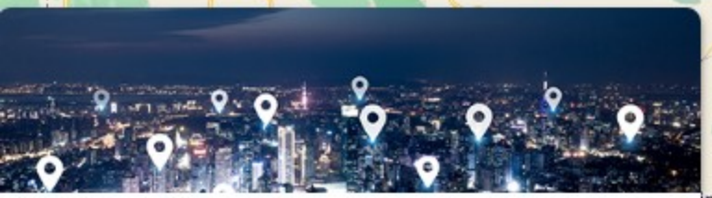

Search Medical Examiners

City, State or Zipcode | 10 | Miles

National Registry Number: 2356768299

Business Name:

First Name:

Last Name:

Basic Search | Search

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Ms. Tanya Kahl (Doctor Of Chiropractic)

Miami CDL/DOT Physical Exam Center

18665 SW 103 CT Cutler Bay, FL 33157

(786) 327-8179 *N/A*

Ms. Tanya Kahl

(Doctor Of Chiropractic)

Email Website

Practice Business Name
Miami CDL/DOT Physical Exam Center

Address
18665 SW 103 CT Cutler Bay, FL 33157

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

National Registry Number
2356768299

Certification Date
01/10/2014

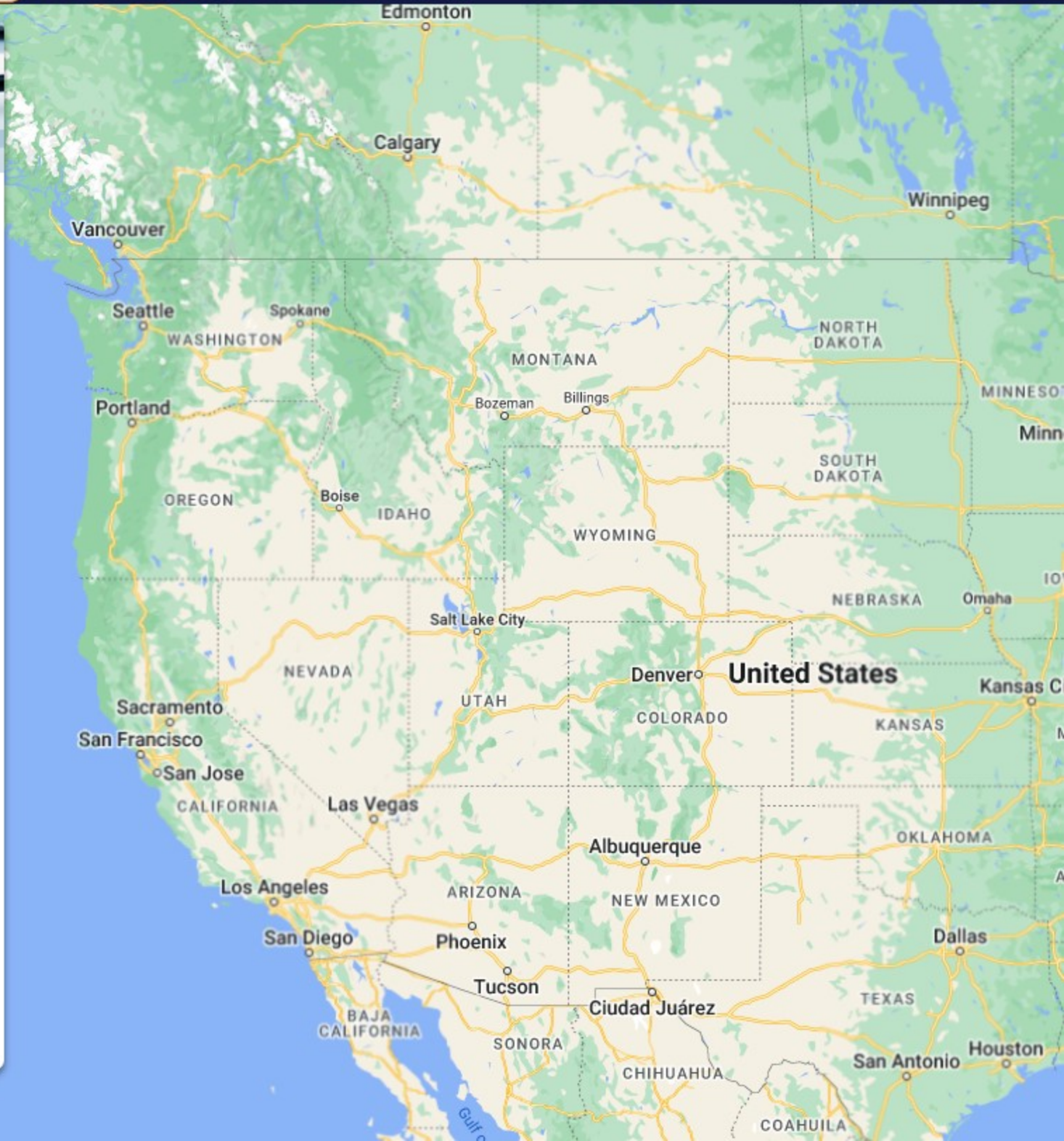
Distance
N/A

Business Phone
(786) 327-8179

Business Fax Number
-

Business Email
tanya701@hotmail.com

Business Website
dotphysicaldoctor.com/fl/33165-synergy-dot-cdl-physical-exam-center-miami-fl/



Query Detail

Query Overview

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

Query Result: Driver Not Prohibited

Query Status: Completed (8/7/2024 12:38:11)

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

Driver Information

Name: FRANK RODES
Date of Birth: 4/7/1989
CDL/CLP: US-FL-R320273891270

Consent Information

Requested: 8/7/2024 12:33:58
Recorded: 8/7/2024 12:38:11
Status: Provided

Query History

Created: 8/7/2024 12:33:58
Completed: 8/7/2024 12:38:11
Query Result: Driver Not Prohibited

Open Violations

No Open Violations

LEARN MORE

The Return-to-Duty Process