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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: Legiste First Name: Claudin 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

8/23/2025

Medical Examiner's Signature

Medical Examiner's Telephone Number

(407) 855-7199

Date Certificate Signed

8/23/2023

Medical Examiner's Name (please print or type)

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

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

CH7807

Issuing State

FL

National Registry Number

3223000069

Driver's Signature

Driver's License Number

L223100912620

Issuing State/Province

FL

Driver's Address

Street Address: 5174 Millenia BlvdCity: OrlandoState/Province: FLZip Code: 32839

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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Miles

National Registry Number

Business Name

3223000069

First Name

Last Name

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 **Dr. William Hoffmeister (Doctor Of Chiropractic)**

 **Pine Castle Chiropractic Center**

707 E. Oakridge Road Orlando, FL 32809

 (407) 855-7199

 N/A [Directions](#)



Ridge Rd

528A

E Oak Ridge Rd

528A

E Oak Ridge Rd

528A

E O



Dr. William Hoffmeister
(Doctor Of Chiropractic)



Email



Website

Practice Business Name

Pine Castle Chiropractic Center

Address

707 E. Oakridge Road Orlando, FL 32809

Hours of Operation

m, t, th 7:30-3:00pm wed, friday 7:30-12pm

National Registry Number

3223000069

Certification Date

04/09/2013

Distance

N/A

Business Phone

(407) 855-7199

Business Fax Number

4078557237

Business Email

pinecastlecc01@yahoo.com



Oak Ridge Rd

528A

E Oak Ridge Rd

528A

E O

Query Detail

Query Overview

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

Query Result: Driver Not Prohibited

Query Status: Completed (8/15/2024 11:13:03)

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

Driver Information

Name: CLAUDIN LEGISTE
Date of Birth: 7/22/1991
CDL/CLP ⓘ: US-FL-L223100912620

Consent Information

Requested: 8/15/2024 11:11:18
Recorded: 8/15/2024 11:13:03
Status: Provided

Query History

Created: 8/15/2024 11:11:18
Completed: 8/15/2024 11:13:03
Query Result: Driver Not Prohibited

LEARN MORE

 [The Return-to-Duty Process](#)

Open Violations

No Open Violations