

I certify that I have examined Last Name: LOUISERON First Name: STEVE In accordance with (please check only one):

- ☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.48) 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 391.41-391.48) 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 391.64) (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

02/27/2027

Medical Examiner's Signature

Medical Examiner's Telephone Number

Date Certificate Signed

(305) 834-7900

02/27/2025

Medical Examiner's Name (please print or type)

☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse

Jared Rose

☐ DO ☒ Chiropractor ☐ Other Practitioner (specify) _____

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

Issuing State

National Registry Number

CH10847

Florida

4294143777

Driver's Signature

Driver's License Number

Issuing State/Province

L265780882590

Florida

Driver's Address

CLP/CDL Applicant/Holder

Street Address: 138 SW 2 AVE #51

City: BOYNTON BEACH

State/Province: FL

Zip Code: 33435

☒ Yes ☐ No

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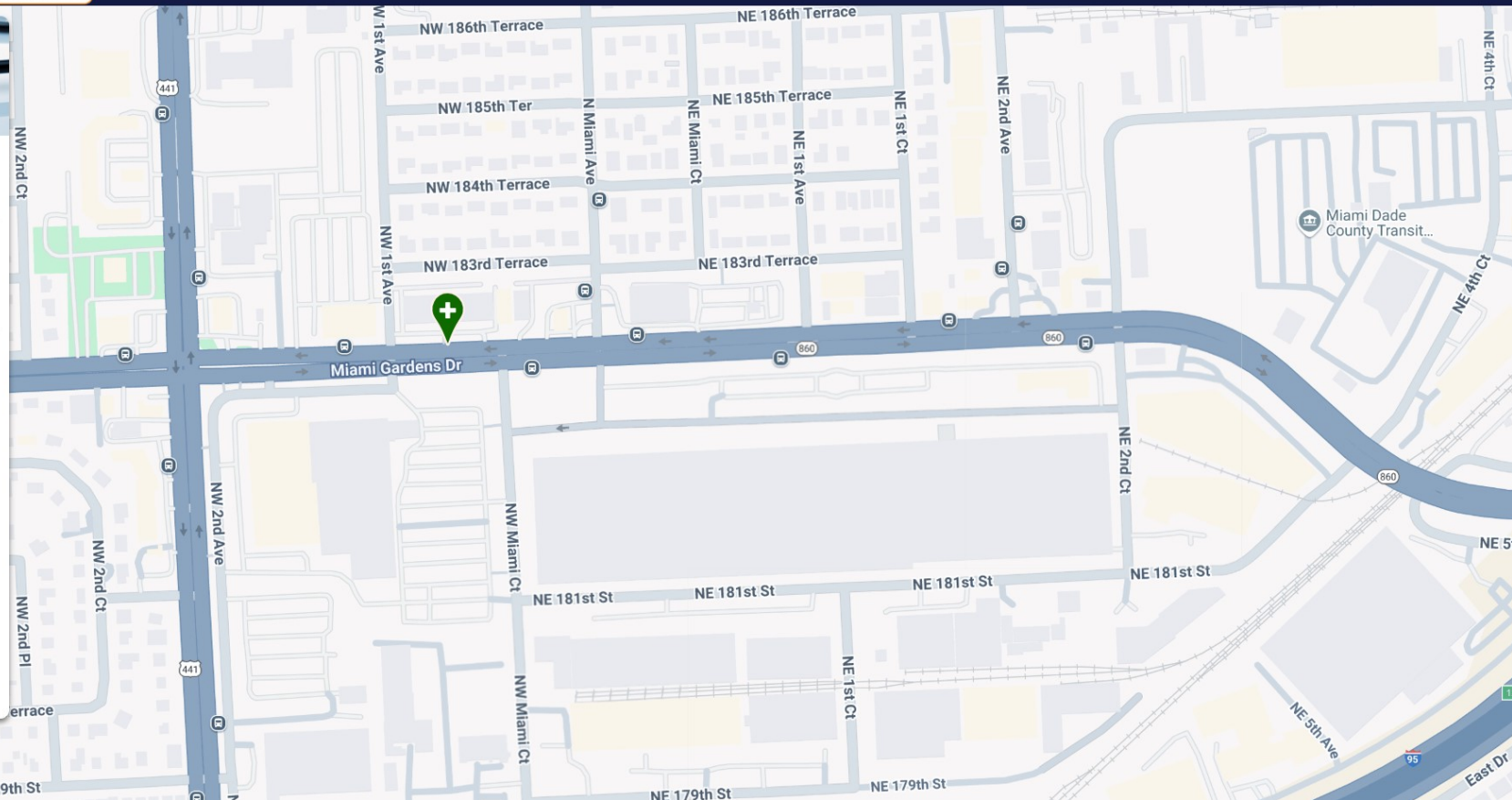

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Dr. Jared Rose
(Doctor Of Chiropractic)

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

Practice Business Name
Sobe Health Center

Address
16585 nw 2 ave Suite #300 miami, FL 33169

Hours of Operation
-

National Registry Number 4294143777	Certification Date 04/30/2014
Distance N/A	Business Phone (305) 834-7900
Business Fax Number 7865230599	
Business Email jeru333@yahoo.com	