

Search Medical Examiners

City, State or Zipcode 10 Miles

National Registry Number Business Name

First Name Last Name

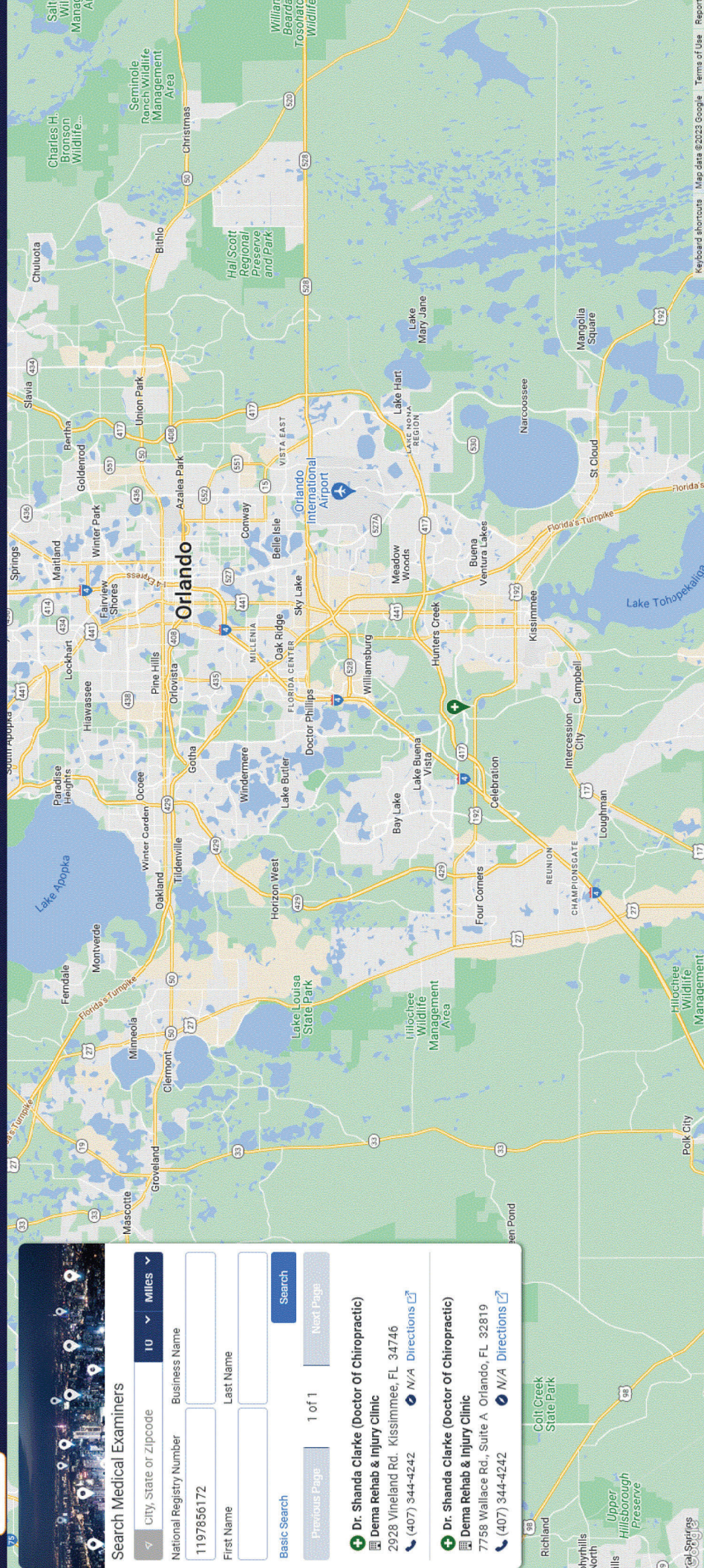
Basic Search 1 of 1

Dr. Shanda Clarke (Doctor Of Chiropractic)

Dema Rehab & Injury Clinic
2928 Vineland Rd. Kissimmee, FL 34746
(407) 344-4242 [N/A Directions](#)

Dr. Shanda Clarke (Doctor Of Chiropractic)

Dema Rehab & Injury Clinic
7758 Wallace Rd., Suite A Orlando, FL 32819
(407) 344-4242 [N/A Directions](#)



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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:** Vargas **First Name:** Diego 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

5/14/2024

Medical Examiner's Signature

Shanda M. Clarke

Medical Examiner's Name (please print or type)

Dr. Shanda Clarke

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

CH10283

Medical Examiner's Telephone Number

407-866-1628

Date Certificate Signed

5/14/2022

☐ MD

☐ Physician Assistant

☐ Advanced Practice Nurse

☐ DO

☒ Chiropractor

☐ Other Practitioner (specify)

Issuing State

Florida

National Registry Number

☐ 1197856172

Driver's Signature

[Signature]

Driver's License Number

V622-161-81-081-0

Issuing State/Province

FLORIDA

Driver's Address

4915 Viaquel Goodway

MM 1321

City:

ORLANDO

State/Province:

FL

Zip Code:

32839

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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