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:** GALLEGOS **First Name:** JUAN 01/24/1984 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
- [ ] Wearing hearing aid
- [ ] Accompanied by a _____ waiver/exemption
- [ ] Accompanied by a Skill Performance Evaluation (SPE) Certificate
- [ ] Driving within an exempt intracity zone (49 CFR 391.62) *(Federal)*
- [ ] 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. File #4251

Medical Examiner's Certificate Expiration Date: 6/20/2026

Medical Examiner's Signature

Medical Examiner's Telephone Number: 954-797-1490

Date Certificate Signed: 6/21/2024

Medical Examiner's Name *(please print or type)*: E. S. HANSEN

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

Medical Examiner's State License, Certificate, or Registration Number: CH10125

Issuing State: FL

National Registry Number: 2827263503

Driver's Signature

Driver's License Number: G422433840240

Issuing State/Province: FL

Driver's Address

Street Address: 1717 NE AVENUE J City: BELLE GLADE State/Province: FL Zip Code: 33430

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

Search Medical Examiners

City, State or Zipcode | 10 | Miles

National Registry Number: 2827263503

Business Name:

First Name:

Last Name:

Basic Search | Search

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Dr. E.S. Hansen (Doctor Of Chiropractic)
DOT PHYSICALS PLUS
2705 Burris Rd Fort Lauderdale, FL 33314
(954) 797-1490 *N/A* Directions

Dr. E.S. Hansen
(Doctor Of Chiropractic)

Email Website

Practice Business Name
DOT PHYSICALS PLUS

Address
2705 Burris Rd Fort Lauderdale, FL 33314

Hours of Operation
0800-2300

National Registry Number
2827263503

Certification Date
01/18/2013

Distance
N/A

Business Phone
(954) 797-1490

Business Fax Number
-

Business Email
dotphysicalsplus@gmail.com

Business Website
dotphysicalsplus.com

Query Detail

Query Overview

Employer Conducting Query: RIKI TRANSPORTATION INC (USDOT# 3119062)

Query Result: Driver Not Prohibited

Query Status: Completed (11/7/2024 16:03:05)

Conducted By: RADOSLAV KOVACEVIC | **Query Type:** Pre-employment | **Query Submitted:** Manually

Driver Information

Name: JUAN GALLEGOS
Date of Birth: 1/24/1984
CDL/CLP: US-FL-G214761025000

Consent Information

Requested: 11/7/2024 16:01:49
Recorded: 11/7/2024 16:03:05
Status: Provided

Query History

Created: 11/7/2024 16:01:49
Completed: 11/7/2024 16:03:05
Query Result: Driver Not Prohibited

Open Violations

No Open Violations

LEARN MORE

- The Return-to-Duty Process