NATIONAL REGISTRY OF CERTIFIED MEDICAL EXAMINERS

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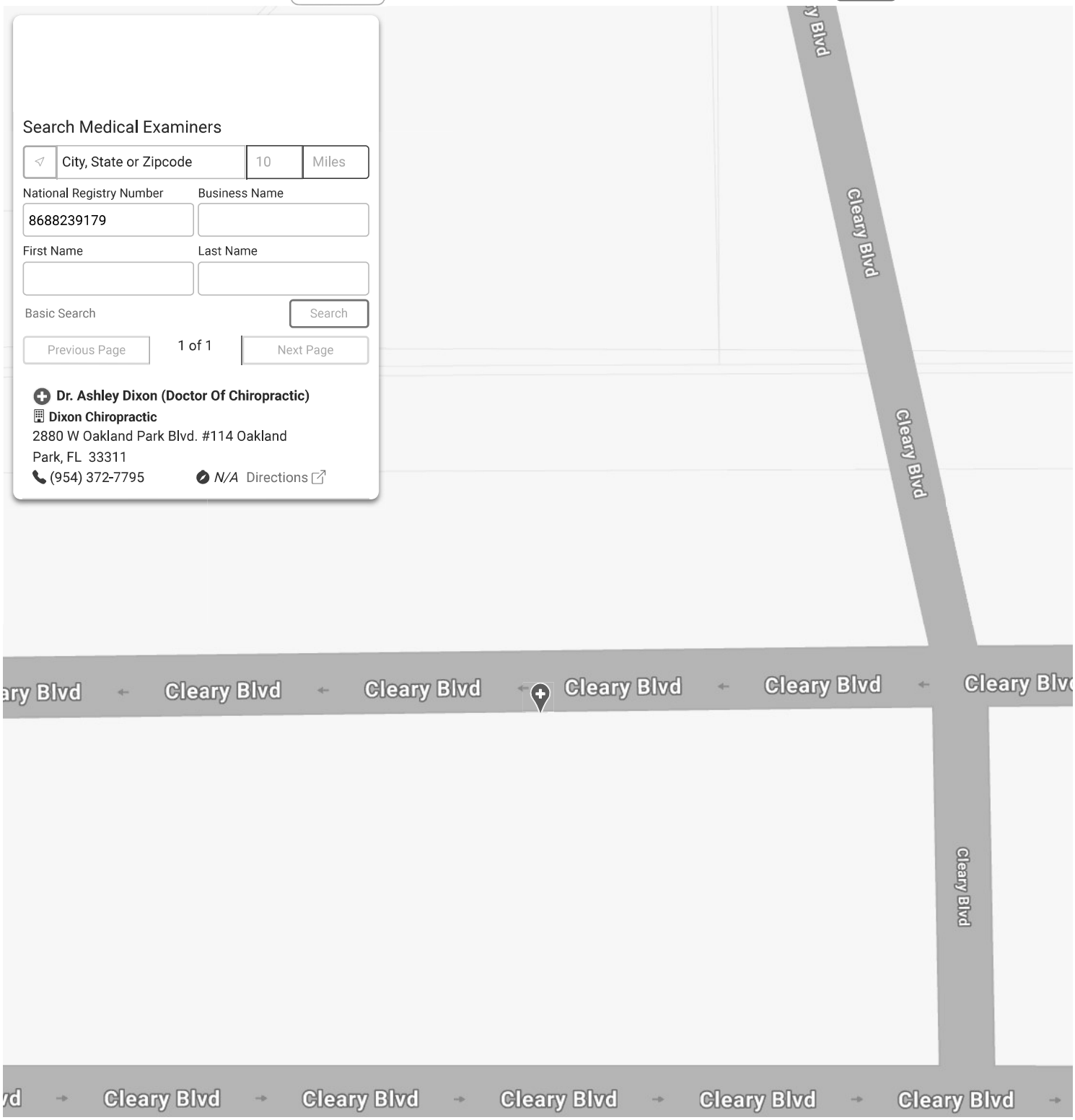
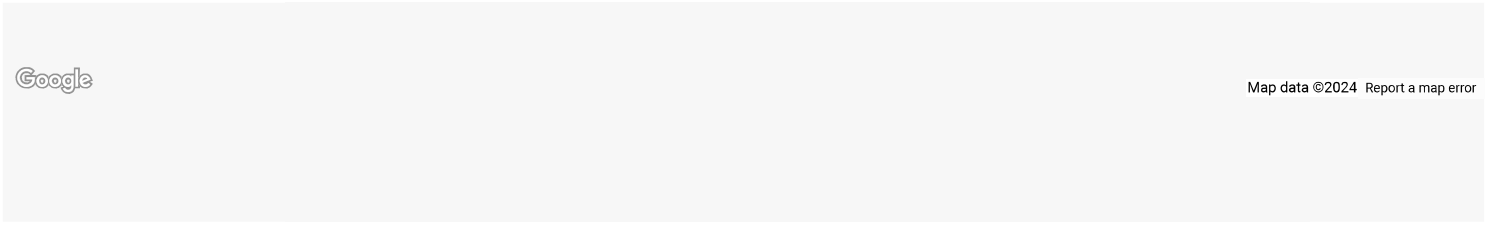
Dr. Ashley Dixon (Doctor Of Chiropractic)

Dixon Chiropractic

2880 W Oakland Park Blvd. #114 Oakland Park, FL 33311

(954) 372-7795 *N/A* Directions

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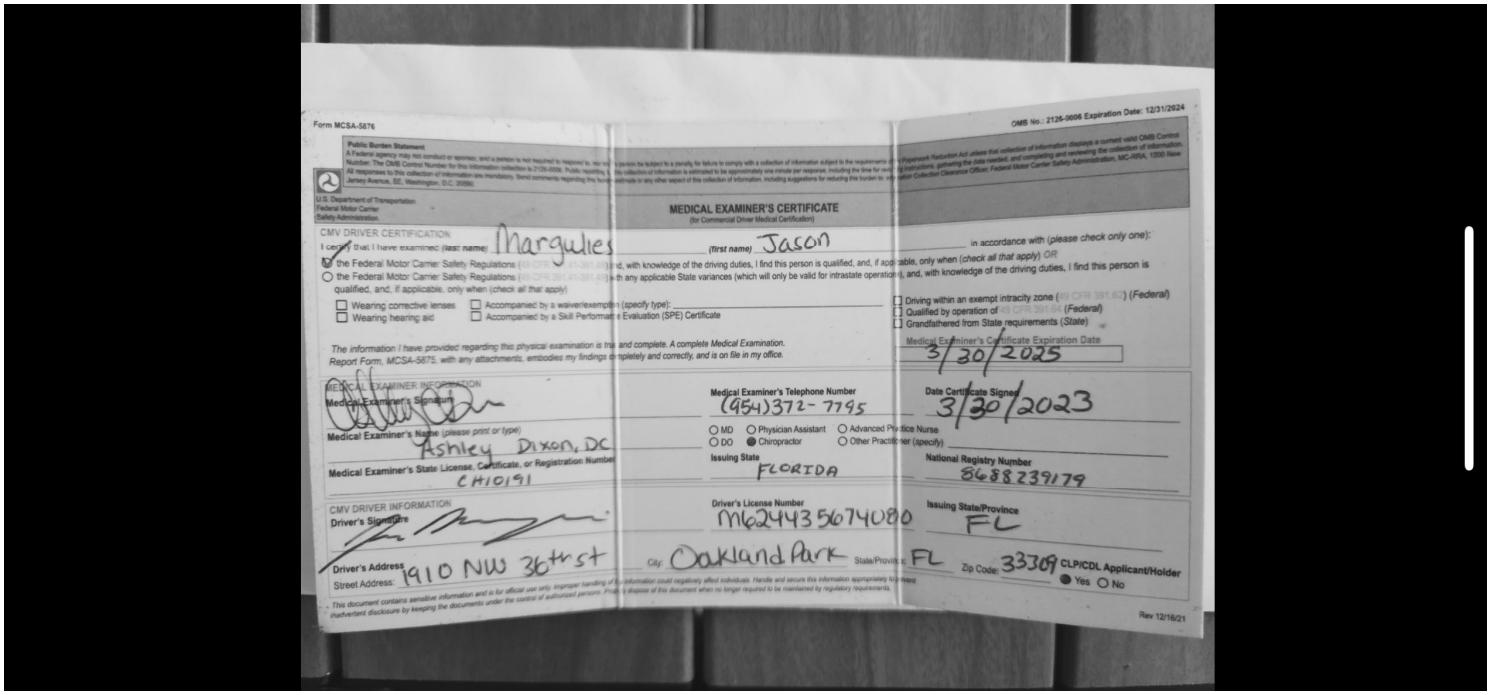

Form MCSA-5876

OMB No.: 2126-0006 Expiration Date: 12/31/2024

Public Burden Statement

U.S. Department of Transportation
Federal Motor Carrier Safety Administration

MEDICAL EXAMINER'S CERTIFICATE
(for Commercial Driver Medical Certification)

CMV DRIVER CERTIFICATION

I certify that I have examined (last name) Margulies (first name) Jason 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 (specify type): _____
☐ Wearing hearing aid ☐ 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.

Medical Examiner's Certificate Expiration Date: 3/30/2025

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature

Medical Examiner's Telephone Number: (954)372-7795

Date Certificate Signed: 3/30/2023

Medical Examiner's Name (please print or type): Ashley Dixon, DC

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

Medical Examiner's State License, Certificate, or Registration Number: CH10191

Issuing State: FLORIDA

National Registry Number: 8688239179

CMV DRIVER INFORMATION

Driver's Signature

Driver's License Number: M624435074080

Issuing State/Province: FL

Driver's Address
Street Address: 1910 NW 36th st City: Oakland Park State/Province: FL Zip Code: 33309

CLP/CDL Applicant/Holder ● Yes ○ No

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Rev 12/16/21