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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: GREENE First Name: PAUL 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)

- | | |
|--|--|
| <input checked="" type="checkbox"/> Wearing corrective lenses | <input type="checkbox"/> Driving within an exempt intracity zone (49 CFR 391.62) (Federal) |
| <input type="checkbox"/> Wearing hearing aid | <input type="checkbox"/> Qualified by operation of (49 CFR 391.64) (Federal) |
| <input type="checkbox"/> Accompanied by _____ a waiver/exemption | <input type="checkbox"/> Grandfathered from State requirements (State) |
| <input type="checkbox"/> Accompanied by a Skill Performance Evaluation (SPE) Certificate | |

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 Date03/20/26

Rev 3/1/23

Medical Examiner's Signature**Medical Examiner's Telephone Number****Date Certificate Signed****Medical Examiner's Name (please print or type)**☐ MD ☐ Physician Assistant ☐ Advanced Practice NurseFritz J. Philippe, DC☐ DO ☒ Chiropractor☐ Other Practitioner (specify) _____**Medical Examiner's State License, Certificate,
or Registration Number****Issuing State****National Registry Number**CH11400DCFLORIDA1638823056**Driver's Signature****Driver's License Number****Issuing State/Province****Driver's Address****Street Address:****City:****State/Province:****Zip Code:****CLP/CDL Applicant/Holder** ☒ Yes ☐ No

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Rev 3/1/23



FMCSA

Federal Motor Carrier Safety Administration

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1 of 1

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+ Dr. Fritz Philippe (Doctor Of Chiropractic)

Body Of Light Wellness Center

2500 Hollywood blvd 201 Hollywood, FL 33020

(754) 816-5976

N/A [Directions](#)

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Dr. Fritz Philippe
(Doctor Of Chiropractic)



Email



Website

Practice Business Name

Body of light Wellness Center

Address

2500 Hollywood blvd 201 Hollywood, FL 33020

Hours of Operation

8:30 am - 7:00 pm monday - friday. sat and sun per appointment

National Registry Number

1638823056

Certification Date

04/11/2015

Distance

N/A

Business Phone

(754) 816-5976

Business Fax Number

-

Business Email

drphilippe1@yahoo.com

Business Website

<https://lightchiropracticcare.com/dot-exams/>

820

Hollywood



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Query Detail

Query Overview

Employer Conducting Query: RIKI TRANSPORTATION INC (USDOT# 3119062)**Query Result:** Driver Not Prohibited**Query Status:** Completed (1/14/2025 12:22:49)**Conducted By:** RADOSLAV KOVACEVIC | **Query Type:** Pre-employment | **Query Submitted:** Manually**Driver Information****Name:** PAUL GREENE**Date of Birth:** 7/8/1986**CDL/CLP ⓘ:** US-FL-g650698862480**Consent Information****Requested:** 1/14/2025 12:05:35**Recorded:** 1/14/2025 12:22:49**Status:** Provided**Query History****Created:** 1/14/2025 12:05:35**Completed:** 1/14/2025 12:22:49**Query Result:** Driver Not Prohibited

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

Open Violations

No Open Violations