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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:** DURAN NAVEIRA **First Name:** ANGEL 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

12/15/2025

Medical Examiner's Signature

Medical Examiner's Telephone Number

(772) 336-8600

Date Certificate Signed

12/15/2023

Medical Examiner's Name (please print or type)

Christopher Snyder

☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse

☐ DO ☒ Chiropractor ☐ Other Practitioner (specify) _____

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

CH10795

Issuing State

Florida

National Registry Number

4964367754

Driver's Signature

Driver's License Number

D651-012-83-375-0

Issuing State/Province

Florida

Driver's Address

Street Address: 858 SW JASLO AVE

City: PORT SAINT LUCIE

State/Province: FL

Zip Code: 34953

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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 City, State or Zipcode **10**  **Miles** 

National Registry Number

Business Name

4964367754

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Last Name


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 **Dr. Christopher Snyder (Doctor Of Chiropractic)**

 **Oasis Chiropractic And Wellness, In**

8980 S US HWY #1 104 Port St. Lucie, FL 34952

 (772) 336-8600

 N/A [Directions](#) 





Dr. Christopher Snyder

(Doctor Of Chiropractic)



Email



Website

Practice Business Name

Oasis Chiropractic and Wellness, In

Address

8980 S US HWY #1 104 Port St. Lucie, FL 34952

Hours of Operation

tues-fri 8-4 sat 8-1

National Registry Number

4964367754

Certification Date

03/08/2014

Distance

N/A

Business Phone

(772) 336-8600

Business Fax Number

7724649978

Business Email

chrissnyder.dc@gmail.com

Business Website

<https://www.dotphysicalsandtesting.com>



Query Detail

Query Overview

Employer Conducting Query: ZIGI FREIGHT INC (USDOT# 2828543)

Query Result: Driver Not Prohibited

Query Status: Completed (12/30/2024 14:28:16)

Conducted By: Teodora Nikolic | **Query Type:** Pre-employment | **Query Submitted:** Manually

Driver Information

Name: ANGEL DURAN NAVEIRA

Date of Birth: 10/15/1983

CDL/CLP ⓘ: US-FL-D230295512000

Consent Information

Requested: 12/30/2024 13:48:10

Recorded: 12/30/2024 14:28:16

Status: Provided

Query History

Created: 12/30/2024 13:48:10

Completed: 12/30/2024 14:28:16

Query Result: Driver Not Prohibited

LEARN MORE

 The Return-to-Duty Process

Open Violations

No Open Violations