A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to be approximately one minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

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

### **Medical Examiner's Certificate**

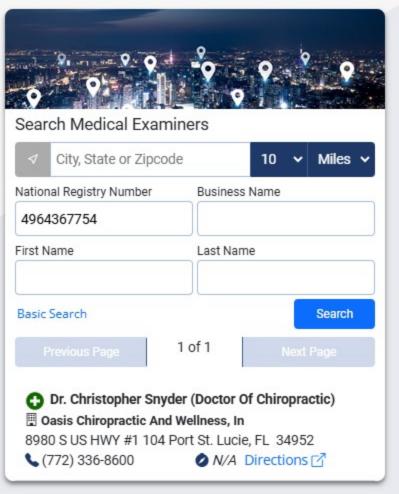
(for Commercial Driver Medical Certification)

I certify that I have examined Last N	ame: DURAN NAVEIRA	First Name:	ANGEL	in acc	ordance w	ith (please check only or	ne):
• the Federal Motor Carrier Safety R	Regulations (49 CFR 391.41-391.49) and	, with knowledge of the	driving duties, I find	this person is qua	lified, and, i	f applicable, only when	(check all that apply) OR
the Federal Motor Carrier Safety F I find this person is qualified, and,	Regulations (49 CFR 391.41-391.49) with if applicable, only when (check all that c	n any applicable State va apply):	ariances (which will	only be valid for int	rastate ope	rations), and, with know	wledge of the driving duties,
☐ Wearing corrective lenses ☐ Accompanied by a			_ waiver/exemption		within an exempt intracity zone (49 CFR 391.62) (Federal)		
☐ Wearing hearing aid	☐ Accompanied by a Skill Performan	ccompanied by a Skill Performance Evaluation (SPE) Certificate		☐ Qualified by operation of 49 CFR 391.64 (Federal)			
			☐ Grandfath		nered from State requirements (State)		
						Medical Examiner's	Certificate Expiration Date
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.					n, [	12/15/2025	
MCSA-5875, with any attachments,	embodies my findings completely and	correctly, and is on file	in my office.				
Medical Examiner's Signature 4 Medical Examiner's Name (please print or type)			Medical Examiner's Telephone Number (772) 336-8600  OMD OPhysician Assistant			Date Certificate Signed  12/15/2023  Advanced Practice Nurse	
Christopher Snyder			ODO ⊙C	hiropractor	Other	Practitioner (specify)	
Medical Examiner's State License, Certificate, or Registration Number			Issuing State			National Registry Number	
CH10795			Florida			4964367754	
Driver's Signature			Driver's License Number D651-012-83-375-0			Issuing State/Province Florida	
Driver's Address	0						CLP/CDL Applicant/Holder
Street Address: 858 SW JASLO	AVE City	PORT SAINT LU	CIE State	/Province: FL	z	ip Code: 34953	● Yes ○ No

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





Email

### **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

03/08/2014

4964367754

Distance

**Business Phone** 

**Certification Date** 

N/A

(772) 336-8600

### **Business Fax Number**

7724649978

### **Business Email**

chrissnyder.dc@gmail.com

### **Business Website**

https://www.dotphysicalsandtesting.com







# CLEARINGHOUSE









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## **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)

### **Driver Information**

Name: ANGEL DURAN NAVEIRA

Date of Birth: 10/15/1983

CDL/CLP 6: 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