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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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## Search Medical Examiners



National Registry Number

Business Name

4964367754

First Name

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 (5/19/2025 14:09:29)

**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:** 5/19/2025 14:07:13  
**Recorded:** 5/19/2025 14:09:29  
**Status:** Provided

#### Query History

**Created:** 5/19/2025 14:07:13  
**Completed:** 5/19/2025 14:09:29  
**Query Result:** Driver Not Prohibited

### LEARN MORE

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

### Open Violations

No Open Violations