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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: TOSEVSKI First Name: KRSTE 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 ☐ 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
Dec 23, 2025

Medical Examiner's Signature

Medical Examiner's Name (please print or type)

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

Medical Examiner's Telephone Number

Date Certificate Signed

- ☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse
☐ DO ☒ Chiropractor ☐ Other Practitioner (specify) _____

Issuing State

National Registry Number

Driver's Signature

Driver's License Number

Issuing State/Province

Driver's Address

Street Address:

State/Province:

Zip Code:

C/P/CDL Applicant/Holder

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FMCSA

Federal Motor Carrier Safety Administration



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Dr. Jay Schwartz
(Doctor Of Chiropractic)



Email



www.

Website

Practice Business Name

1 Stop DOT Physicals & Testing

Address

5266 Office Park Blvd Suite 201 Bradenton, FL 34203

Hours of Operation

9-6

National Registry Number

6336522584

Certification Date

02/23/2024

Distance

N/A

Business Phone

(941) 308-9499

Business Fax Number

8455071153

Business Email

drschwartz@1stopdotphysicals.com

Business Website

www.suncoastspinecare.com

