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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:** CURRIE **First Name:** LLOYD in accordance with (please check only one): 04/13/1983

- ☒ 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. File # 3225

Medical Examiner's Certificate Expiration Date
8/11/2026

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 Nurse
☐ DO ☒ DC ☐ Other Practitioner (specify) _____

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

Issuing State

National Registry Number

CH10125

FL

2827263503

Driver's Signature

Driver's License Number

Issuing State/Province

C600520831330

FL

Driver's Address

CLP/CDL Applicant/Holder

Street Address: 1900 SW 36TH AVE

City: FORT LAUDERDALE

State/Province: FL

Zip Code: _____

☒ Yes ☐ No



 **Dr. E.S. Hansen**
(Doctor Of Chiropractic)

[Email](#)[Website](#)**Practice Business Name**

DOT PHYSICALS PLUS

Address

2705 Burris Rd Fort Lauderdale, FL 33314

Hours of Operation

0800-2300

National Registry Number

2827263503

Certification Date

01/18/2013

Distance

N/A

Business Phone

(954) 797-1490

Business Fax Number

-

Business Email

dotphysicalsplus@gmail.com

Business Website

dotphysicalsplus.com

SW 46th Ave

Burris Rd

SW 46th Ave

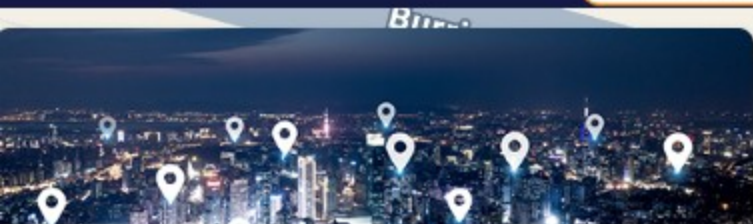
Burris Rd





FMCSA

Federal Motor Carrier Safety Administration

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National Registry Number

Business Name

2827263503

First Name

Last Name

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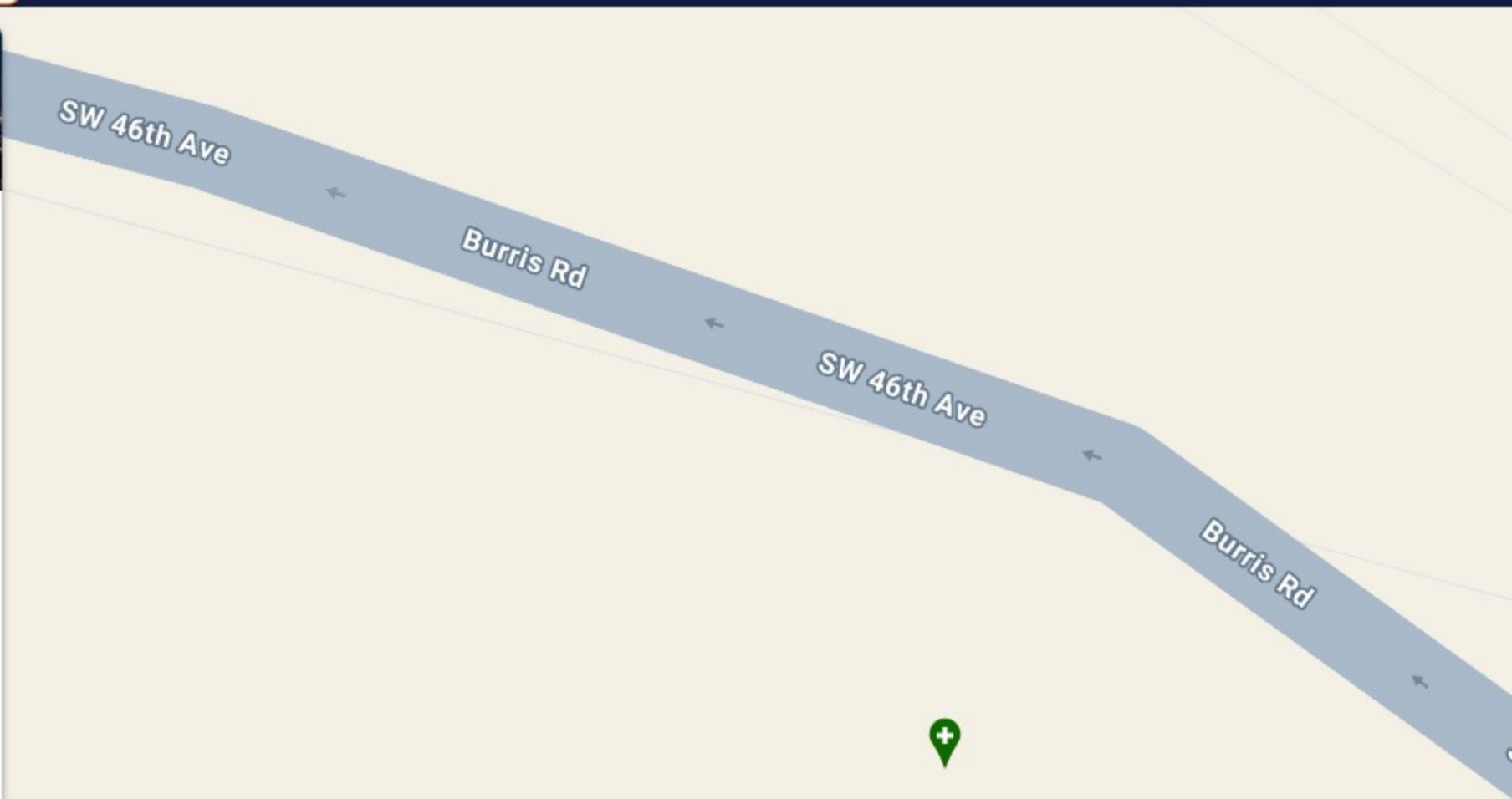
Dr. E.S. Hansen (Doctor Of Chiropractic)

DOT PHYSICALS PLUS

2705 Burris Rd Fort Lauderdale, FL 33314

(954) 797-1490

N/A [Directions](#)



Query Detail

Query Overview

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

Query Result: Driver Not Prohibited

Query Status: Completed (1/28/2025 12:52:59)

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

Driver Information

Name: LLOYD CURRIE

Date of Birth: 4/13/1983

CDL/CLP ⓘ: US-FL-C600520831330

Consent Information

Requested: 1/28/2025 12:03:28

Recorded: 1/28/2025 12:52:59

Status: Provided

Query History

Created: 1/28/2025 12:03:28

Completed: 1/28/2025 12:52:59

Query Result: Driver Not Prohibited

LEARN MORE

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

Open Violations

No Open Violations