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United States Department of Transportation

FMCSA
Federal Motor Carrier Safety Administration

NATIONAL REGISTRY OF CERTIFIED MEDICAL EXAMINERS

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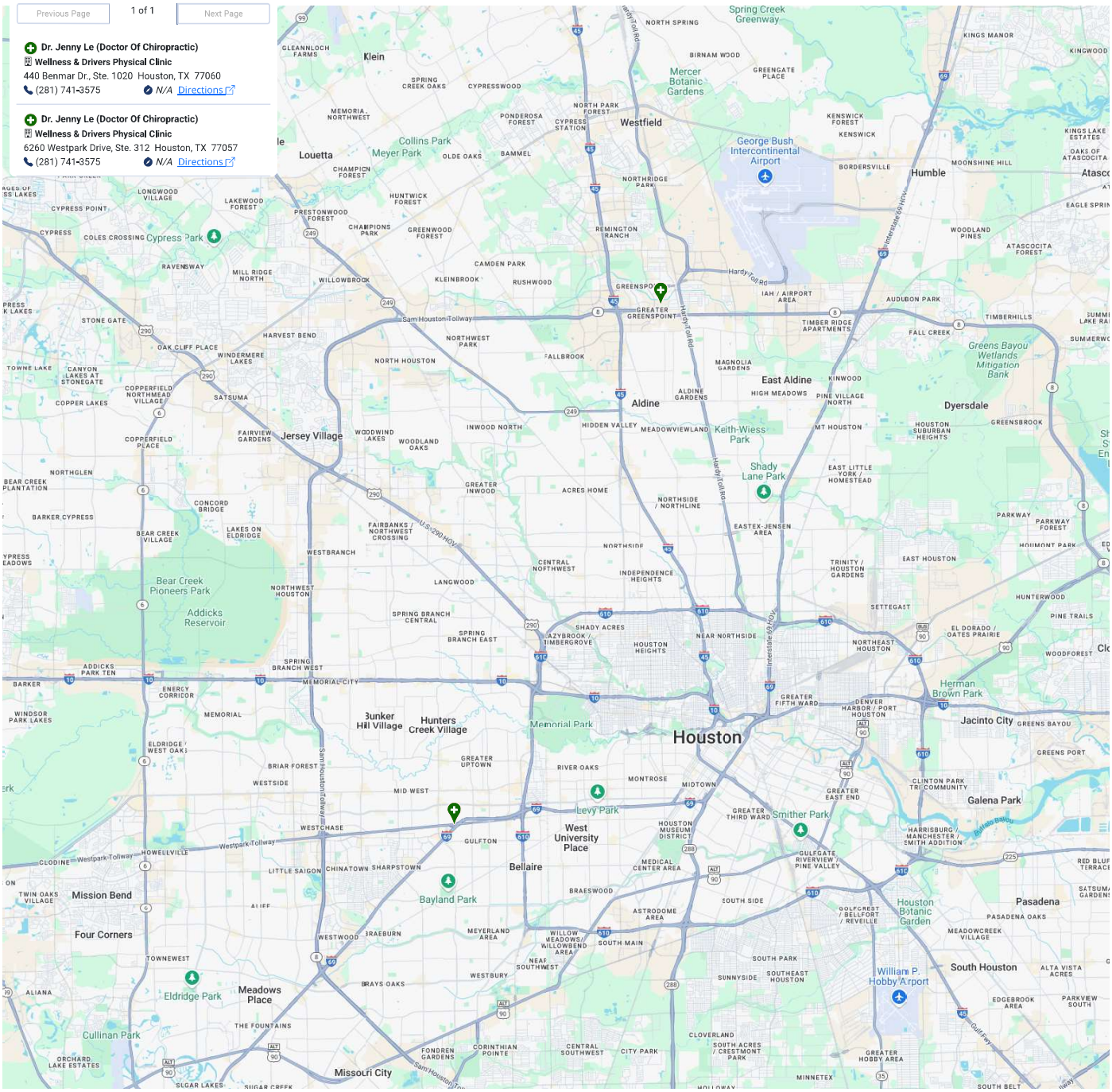
Previous Page | 1 of 1 | Next Page

Dr. Jenny Le (Doctor Of Chiropractic)
Wellness & Drivers Physical Clinic
440 Benmar Dr., Ste. 1020 Houston, TX 77060
(281) 741-3575 N/A Directions

Dr. Jenny Le (Doctor Of Chiropractic)
Wellness & Drivers Physical Clinic
6260 Westpark Drive, Ste. 312 Houston, TX 77057
(281) 741-3575 N/A Directions



U.S. DEPARTMENT OF TRANSPORTATION

Federal Motor Carrier Safety Administration

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WASHINGTON, DC 20590

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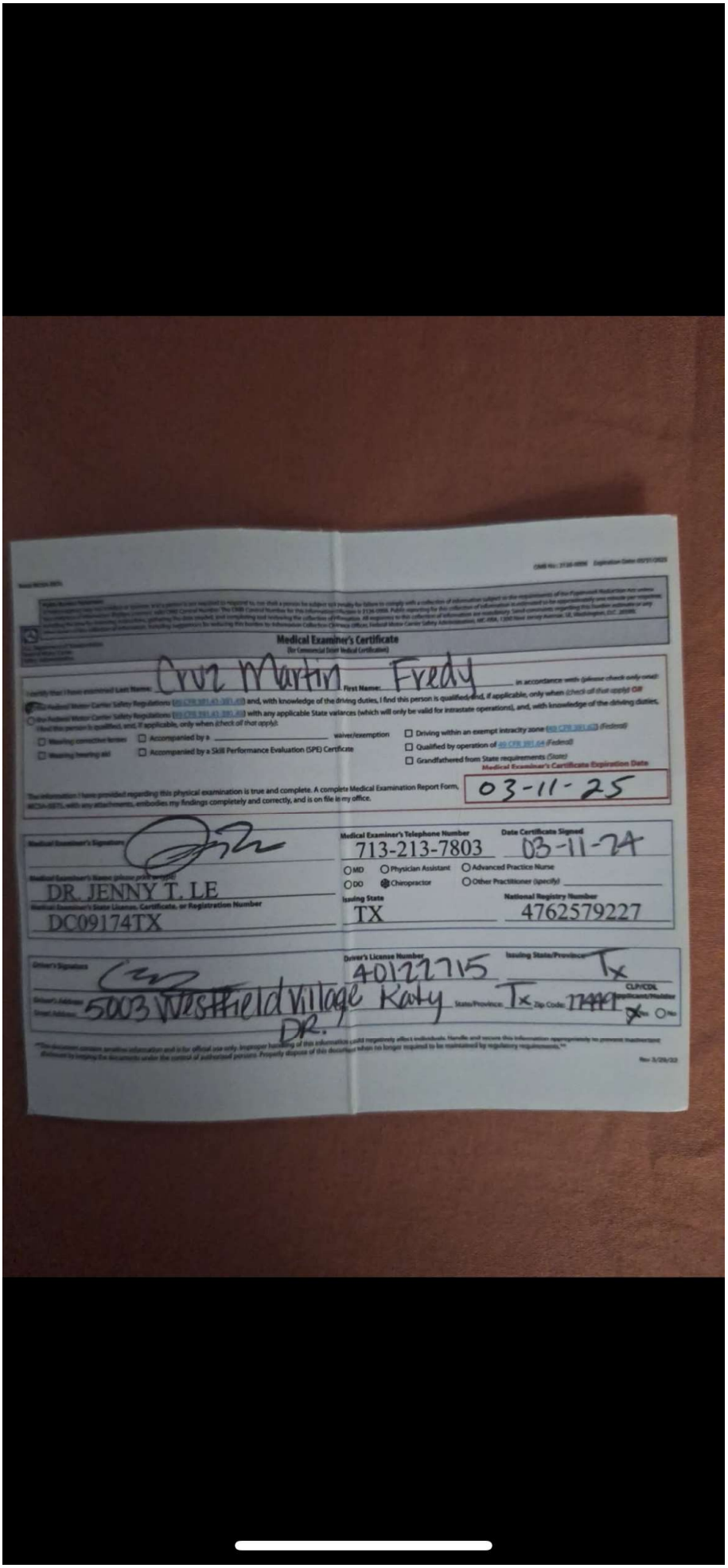

Medical Examiner's Certificate
(for Commercial Motor Vehicle Certification)

I certify that I have examined Last Name: Cruz Martin First Name: Fredy 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)

Medical Examiner's Certificate Expiration Date: 03-11-25

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 Signature: [signature]

Medical Examiner's Telephone Number: 713-213-7803

Date Certificate Signed: 03-11-24

Medical Examiner's Name (please print): DR. JENNY T. LE

○ MD ○ Physician Assistant ○ Advanced Practice Nurse

○ DO ● Chiropractor ○ Other Practitioner (specify) _____

Medical Examiner's State License, Certificate, or Registration Number: DC09174TX

Issuing State: TX

National Registry Number: 4762579227

Driver's Signature: [signature]

Driver's License Number: 40122715

Issuing State/Province: Tx

Driver's Address: 5003 Westfield Village DR. Katy State/Province: Tx Zip Code: 77449

CLP/CDL Applicant/Holder: ☒ Yes ○ No

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Rev. 3/29/22