

[Home](#)[Register](#)[Find A Medical Examiner](#)[Resource Center](#)[Contact Us](#)[Login](#)

Search Medical Examiners





 Miles

National Registry Number	Business Name
7255523914	

First Name	Last Name

[Basic Search](#)

<input type="button" value="Previous Page"/>	1 of 1	<input type="button" value="Next Page"/>
--	--------	--

 **Dr. Alex Hollander (Doctor Of Chiropractic)**
 **DOT Physical North Orlando**
345 N Fern Creek Ave Orlando, FL 32803
 (407) 205-8206  [N/A](#) [Directions?](#)

E Livingston St

E Livingston St

E Livingston St

E Livir

N Fern Creek Ave

N Fern Creek Ave



1600

343

1610



Map data ©2025 Google Report a map error

U.S. DEPARTMENT OF TRANSPORTATION
Federal Motor Carrier Safety Administration
1200 NEW JERSEY AVENUE, SE
WASHINGTON, DC 20590
1-800-832-5660

[Subscribe To Email Updates](#)



About

- [About FMCSA](#)
- [Regulations](#)
- [Safety](#)
- [Analysis](#)
- [FMCSA Portal](#)

News and Events

- [FMCSA Newsroom](#)
- [Press Releases](#)
- [Emergency Declarations](#)

Resources

- [Career Center](#)
- [Resources for Carriers](#)
- [Resources for Consumers](#)
- [Resources for Drivers](#)
- [Forms](#)
- [Contact Us](#)
- [Trending Topics](#)

Policies, Rights, Legal

- [About DOT](#)
- [Budget and Performance](#)
- [Civil Rights](#)
- [FOIA](#)
- [Information Quality](#)
- [No FEAR Act](#)
- [Office of Inspector General](#)
- [Privacy Policy](#)
- [Vulnerability Disclosure Policy](#)
- [USA.gov](#)
- [Web Policies and Notices](#)
- [Web Standards](#)

Form MCSA-5875 DMV No. 21-26-0006 Expiration Date 03/31/2025

Public Burden Statement
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 it contains a valid OMB Control Number. The OMB Control Number for this collection of information is 21-26-0006. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, gathering the data needed, reviewing the collection of information, and completing and reviewing the collection of information. 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 Office, Indian Motor Carrier Safety Administration, MC-804, 1330 New Jersey Avenue, SE, Washington, D.C. 20004.

Medical Examiner's Certificate
(For Commercial Driver Medical Certification)

I certify that I have examined Last Name: Rodriguez Cruz First Name: Justo in accordance with (please check only one)

☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41, 391.43) 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, 391.43) 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 391.43) (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: 01/31/2027

Medical Examiner's Signature: [Signature] Medical Examiner's Telephone Number: (407) 205-8206 Date Certificate Signed: 01/31/2025

Medical Examiner's Name (please print or type): Alex Hollander

Medical Examiner's State License, Certificate, or Registration Number: Ch10623

Issuing State: Florida National Registry Number: 7255523914

Driver's Signature: [Signature] Driver's License Number: 802797892 Issuing State/Province: Mississippi

Driver's Address: 5601 Camie St City: Gautier State/Province: MS Zip Code: 39553 CLP/CDL Applicant/Holder: ☒ Yes ☐ No