OMB No.: 2126-0006 Expiration Date: 03/31/2025

Form MCSA-5876

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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:** DORCELY **First Name:** ROOBENS 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
☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate
☐ Driving within an exempt intracity zone (49 CFR 391.62) *(Federal)*
☐ Qualified by operation of 49 CFR 391.64 *(Federal)*
☐ Grandfathered from State requirements *(State)*

Dr. Fritz J. Philippe
2500 Hollywood Blvd, Ste 201
Hollywood FL 33020

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 any findings completely and correctly and is on file in my office.

Medical Examiner's Certificate Expiration Date 02/14/2026

Medical Examiner's Signature LIC # CH11400 DC

Medical Examiner's Telephone Number 9548883729

Date Certificate Signed 02/14/2024

Medical Examiner's Name *(please print or type)* DR Fritz Philippe

○ MD ○ Physician Assistant ○ Advanced Practice Nurse
○ DO ☑ Chiropractor ○ Other Practitioner *(specify)* _____

Medical Examiner's State License, Certificate, or Registration Number CH11400 DC

Issuing State FL

National Registry Number 1638823056

Driver's Signature

Driver's License Number D624-720-93-345-0

Issuing State/Province FL

Driver's Address
Street Address: 0830 SW 125 Dr City: Davie State/Province: FL Zip Code: 33311

CLP/CDL Applicant/Holder ○ Yes ○ No

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Rev 3/29/22

United States Department of Transportation

FMCSA
Federal Motor Carrier Safety Administration

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Dr. Fritz Philippe (Doctor Of Chiropractic)
Body Of Light Wellness Center
2500 Hollywood blvd 201 Hollywood, FL 33020
(754) 816-5976 N/A Directions

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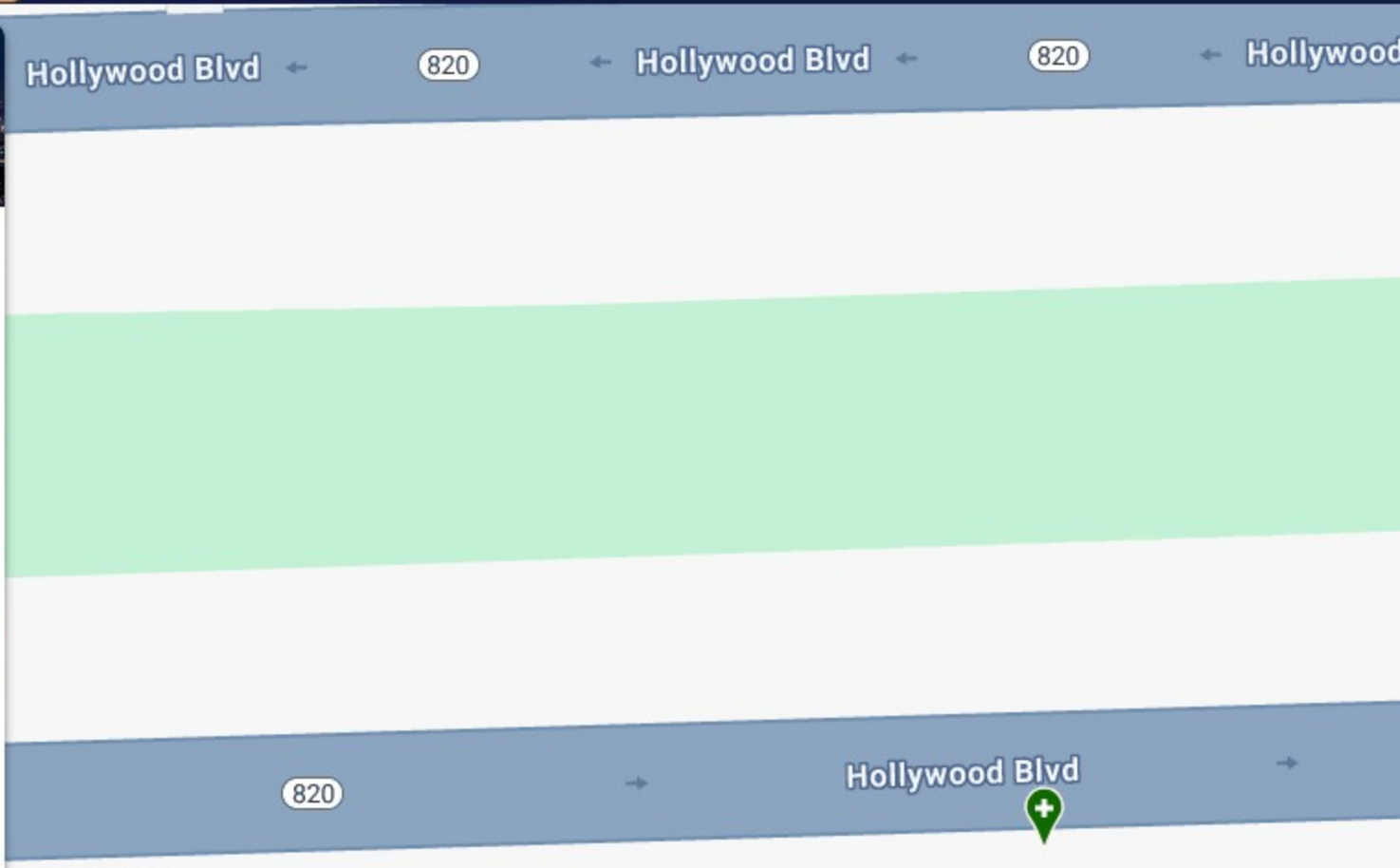


Dr. Fritz Philippe
(Doctor Of Chiropractic)

Email Website

Practice Business Name
Body of light Wellness Center

Address
2500 Hollywood blvd 201 Hollywood, FL 33020

Hours of Operation
8:30 am - 7:00 pm monday - friday. sat and sun per appointment

National Registry Number
1638823056

Certification Date
04/11/2015

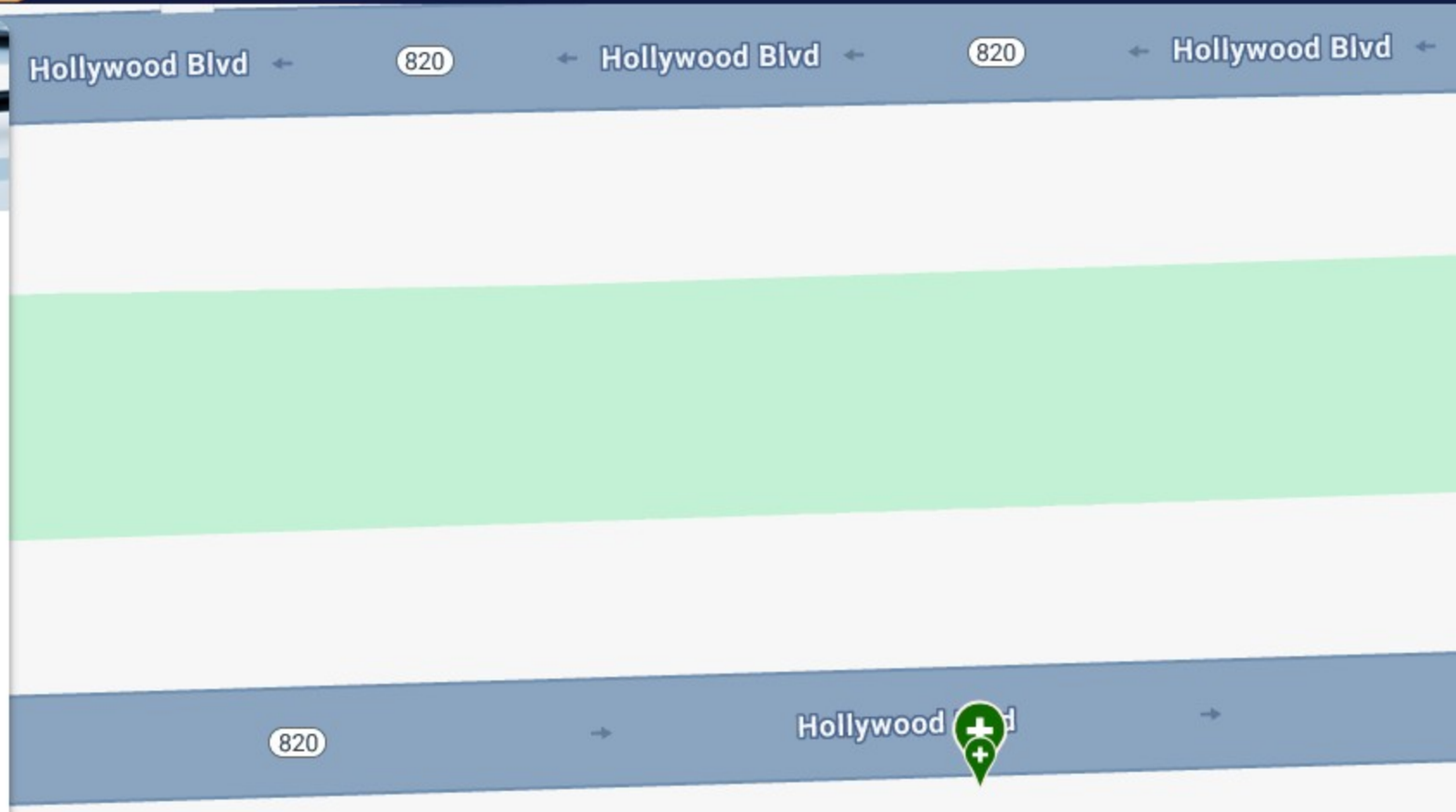
Distance
N/A

Business Phone
(754) 816-5976

Business Fax Number
-

Business Email
drphilippe1@yahoo.com

Business Website
https://lightchiropracticcare.com/dot-exams/



Query Detail

Query Overview

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

Query Result: Driver Not Prohibited

Query Status: Completed (2/10/2025 8:57:01)

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

Driver Information

Name: ROOBENS DORCELY
Date of Birth: 9/25/1993
CDL/CLP: US-FL-D624720933450

Consent Information

Requested: 2/10/2025 8:56:00
Recorded: 2/10/2025 8:57:01
Status: Provided

Query History

Created: 2/10/2025 8:56:00
Completed: 2/10/2025 8:57:01
Query Result: Driver Not Prohibited

Open Violations

No Open Violations

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- The Return-to-Duty Process