

Fax : 715-284-2915
715-284-7492
Tuesday June 25, 2024

Form MCSA-5876

OMB No. 2125-0006 Expiration Date: 03/31/2010

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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:** FIGUERAS LAY

First Name: ERNESTO

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,

- ☐ Wearing corrective lenses
☐ Wearing hearing aid

- ☐ Accompanied by a

waiver/exemption

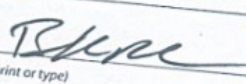
- ☐ Driving within an exempt intracity zone (49 CFR 391.62) (Federal)

- ☐ 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.

Medical Examiner's Certificate Expiration Date
6-25-2026

Medical Examiner's Signature



Medical Examiner's Name (please print or type)

BRANDON H. KOXLIN, DC

Medical Examiner's Telephone Number

715-284-2915

Date Certificate Signed

6-25-2024

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

5053

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

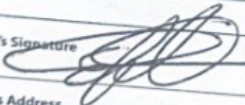
Issuing State

Wisconsin

National Registry Number

897 7056 593

Driver's Signature



Driver's Address

Street Address: 806 W HIAWATHA ST

Driver's License Number

F262200960640

Issuing State/Province

Florida

City: TAMPA

State/Province: FL

Zip Code: 33604

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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You are responsible for taking...

Patient: I
06/25/2024
06/25/2024

Fee(s)
Sales Tax
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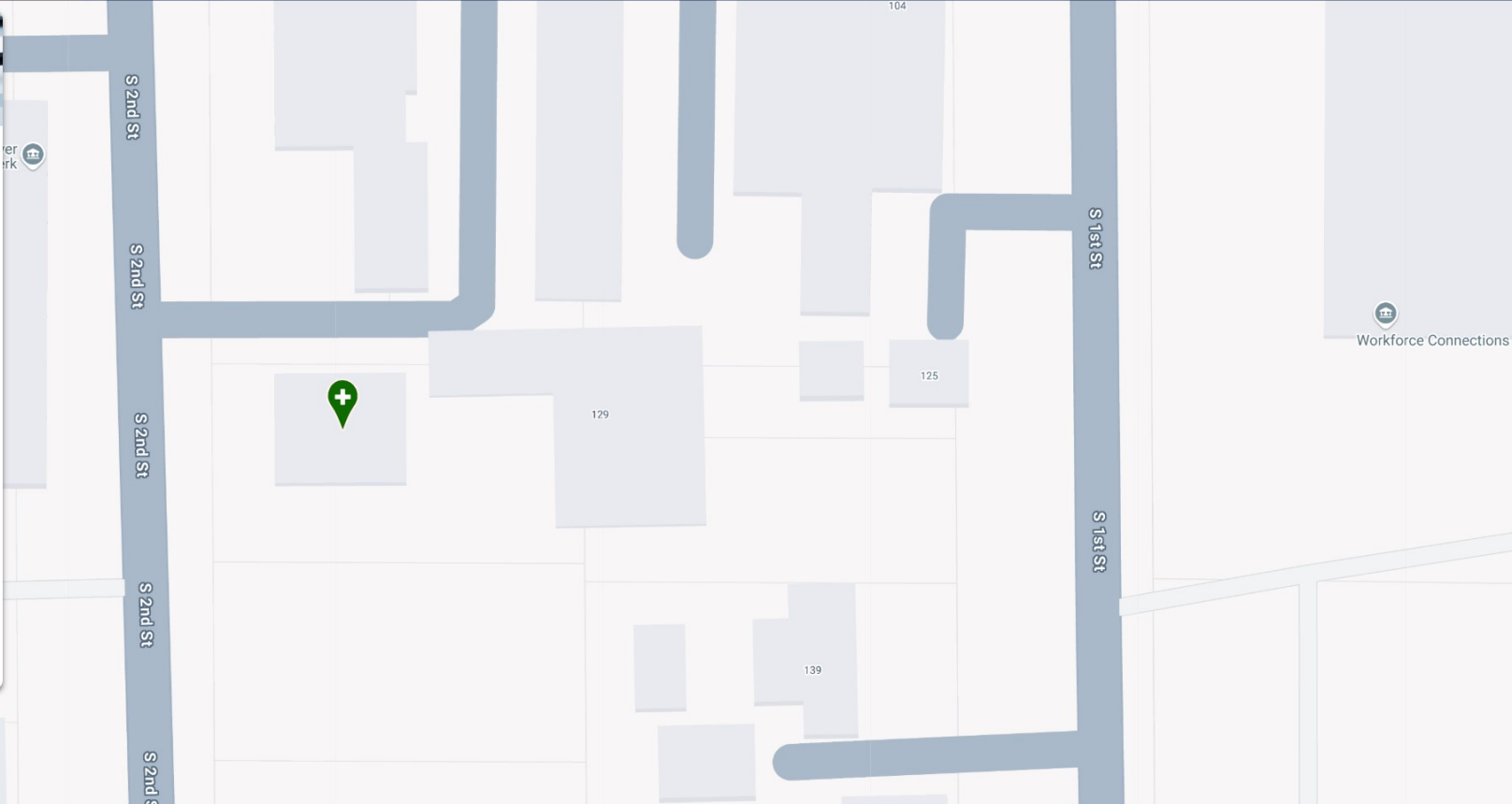

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 **Dr. Brandon Koxlien**
(Doctor Of Chiropractic)

 Email

 Website

Practice Business Name
Black River Chiropractic Clinic

Address
126 S 2nd street Black River Falls, WI 54615

Hours of Operation
mwfth 8-5

National Registry Number 8977056593	Certification Date 02/02/2024
Distance N/A	Business Phone (715) 284-2915
Business Fax Number -	
Business Email kox18@hotmail.com	