Form MCSA-5876

OMB No.: 2126-0006 Expiration Date: 03/31/2027

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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:** Harris **First Name:** Dexter 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
- ☐ Wearing hearing aid
- ☐ Accompanied by a _____ waiver/exemption
- ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate
- ☐ 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: 09-17-2026

Medical Examiner's Signature: [signature] BSC

Medical Examiner's Telephone Number: 973-832-6722

Date Certificate Signed: 09/17/2024

Medical Examiner's Name *(please print or type)*: Dr. Kyle Esposito

( ) MD ( ) Physician Assistant ( ) Advanced Practice Nurse
( ) DO (●) Chiropractor ( ) Other Practitioner *(specify)*: _____

Medical Examiner's State License, Certificate, or Registration Number: 38MC00639200

Issuing State: NewJersey

National Registry Number: 6843445037

Driver's Signature: [signature]

Driver's License Number: 416 482 613

Issuing State/Province: NEW YORK

Driver's Address
Street Address: 79 Montgomery St. City: Paterson State/Province: NJ Zip Code: 07501

CLP/CDL Applicant/Holder (●) Yes ( ) No

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Rev. 3/1/23

FMCSA
Federal Motor Carrier Safety Administration

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Dr. Kyle Eopechino
(Doctor Of Chiropractic)

Email | Website

Practice Business Name
Eopechino Chiropractic

Address
155 East Main Street Little Falls, NJ 07424

Hours of Operation
mon,thursday 9:00am-7:00pm tuesday 3:00pm-7:00pm, wednesday 2:30pm-6:00pm, saturday 8:30am-1:30pm

National Registry Number
6843445037

Certification Date
12/23/2016

Distance
N/A

Business Phone
(973) 832-6722

Business Fax Number
9739106842

Business Email
dreopechino@gmail.com

Business Website
www.healthonmain.info