m MCSA-5876

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Medical Examiner's Certificate

(To Commercial Driver Medical Certificate)

Department of Transportation
Federal Motor Carrier
Safety Administration

ertify that I have examined Last Name: Ortiz First Name Carlos 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):

- [x] 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)
- [ ] Qualified by operation of 49 CFR 391.64 (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: 1/25/2027

Medical Examiner's Signature: Dr. Moulterie

Medical Examiner's Telephone Number: 407-366-1828

Date Certificate Signed: 1/25/2025

Medical Examiner's Name (please print or type): Tiffani Moultrie

- [ ] MD
- [ ] Physician Assistant
- [ ] Advanced Practice Nurse
- [ ] DO
- [x] Chiropractor
- [ ] Other Practitioner (specify) _____

Medical Examiner's State License, Certificate, or Registration Number: [illegible]

Issuing State: Florida

National Registry Number: 2528025307

's Signature: Carlos Ortiz

Driver's License Number: O218398356000

Issuing State/Province: Florida

Address: 5858 Toledo St

City: Orlando

State/Province: FL

Zip Code: 32822

CLP/CDL Applicant? Yes / No

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Ms. Tiffany Moulterie
(Doctor Of Chiropractic)

Email | Website

Practice Business Name
ChiroLife Health Center

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9565 S. Orange Blossom Trail Suite 5 Orlando, FL 32837

Hours of Operation
-

National Registry Number
2528025507

Certification Date
07/08/2015

Distance
N/A

Business Phone
(407) 866-1628

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-

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