

Public Burden Statement

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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: Garcia First Name: Jose 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 ☐ Driving within an exempt intracity zone (49 CFR 391.62) (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

08-23-2026

Medical Examiner's Signature

Glen Siegel

Medical Examiner's Name (please print or type)

DR. GLEN SIEGEL, D.C.

Medical Examiner's State License, Certificate, or Registration

CH0002753

Medical Examiner's Telephone Number

9549668770

Date Certificate Signed

AUG 23 2024

☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse

☐ DO ☒ Chiropractor ☐ Other Practitioner (specify) _____

Issuing State

Florida

National Registry Number

☒ 9025119803

Driver's Signature

[Signature]

Driver's License Number

9620420704451

Issuing State/Province

Florida

Driver's Address


Street Address: 3210 Emerald Pointe Dr. 30531 HOLLYWOOD

State/Province: FL



Zip Code: 33021

CLP/CDL Applicant/Holder

☒ Yes ☐ No



Dr. GLEN SIEGEL
(Doctor Of Chiropractic)

 Email  Website

Practice Business Name
GLEN SIEGEL, P.A.

Address
7942 PINES BLVD PEMBROKE PINES, FL 33024

Hours of Operation
mon. & wed. & frid.

National Registry Number **Certification Date**
9025119803 06/08/2013

Distance **Business Phone**
N/A (954) 966-8770

Business Fax Number
9543671226

Business Email
drsiegel323@aol.com

