MEDICAL EXAMINER'S CERTIFICATE #2054603425
B-328 Rev. 10-2008

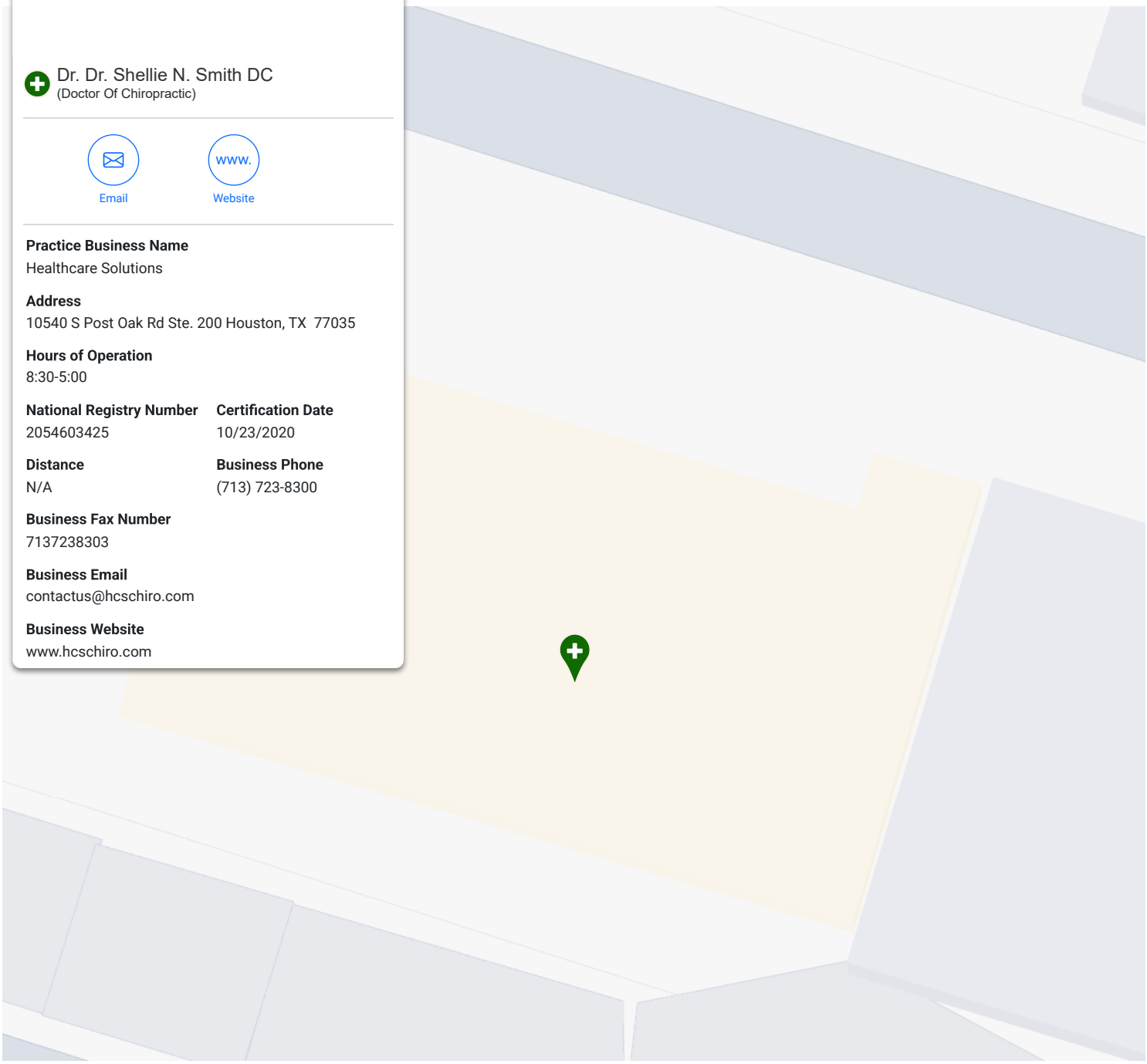
I CERTIFY THAT I HAVE EXAMINED (Print Name of Individual Below)
Michael Melendez Mdiaz

In accordance with 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:

- ☐ Wearing Corrective Lenses
- ☐ Wearing Hearing Aid
- ☐ Qualified by operation of 49 CFR 391.64
- ☐ Driving within an exempt intracity zone (49 CFR 391.62)
- ☐ Accompanied by a Skill Performance Evaluation Certificate (SPE)
- ☐ Accompanied by a _____ waiver/exemption

The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.

SIGNATURE OF MEDICAL EXAMINER	TELEPHONE NUMBER	DATE
X [signature]	713-723-8300	1-23-24
NAME OF MEDICAL EXAMINER (Please Print)	**ISSUING STATE**	**MEDICAL CERTIFICATE EXPIRATION DATE**
Dr. Shellie N. Smith DC	Texas	1-23-2026
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO.	☐ MD ☐ DO ☐ Physician Assistant ☐ Advanced Practice Nurse ☒ Chiropractor	
14507		
SIGNATURE OF DRIVER	**DRIVER'S LICENSE NUMBER**	**STATE**
X M. Melendez	38275300	TX
ADDRESS OF DRIVER		
2926 Barker Cypress Rd #6207 Hou TX 77084		



Dr. Dr. Shellie N. Smith DC
(Doctor Of Chiropractic)

Email Website

Practice Business Name
Healthcare Solutions

Address
10540 S Post Oak Rd Ste. 200 Houston, TX 77035

Hours of Operation
8:30-5:00

National Registry Number
2054603425

Certification Date
10/23/2020

Distance
N/A

Business Phone
(713) 723-8300

Business Fax Number
7137238303

Business Email
contactus@hcschiro.com

Business Website
www.hcschiro.com