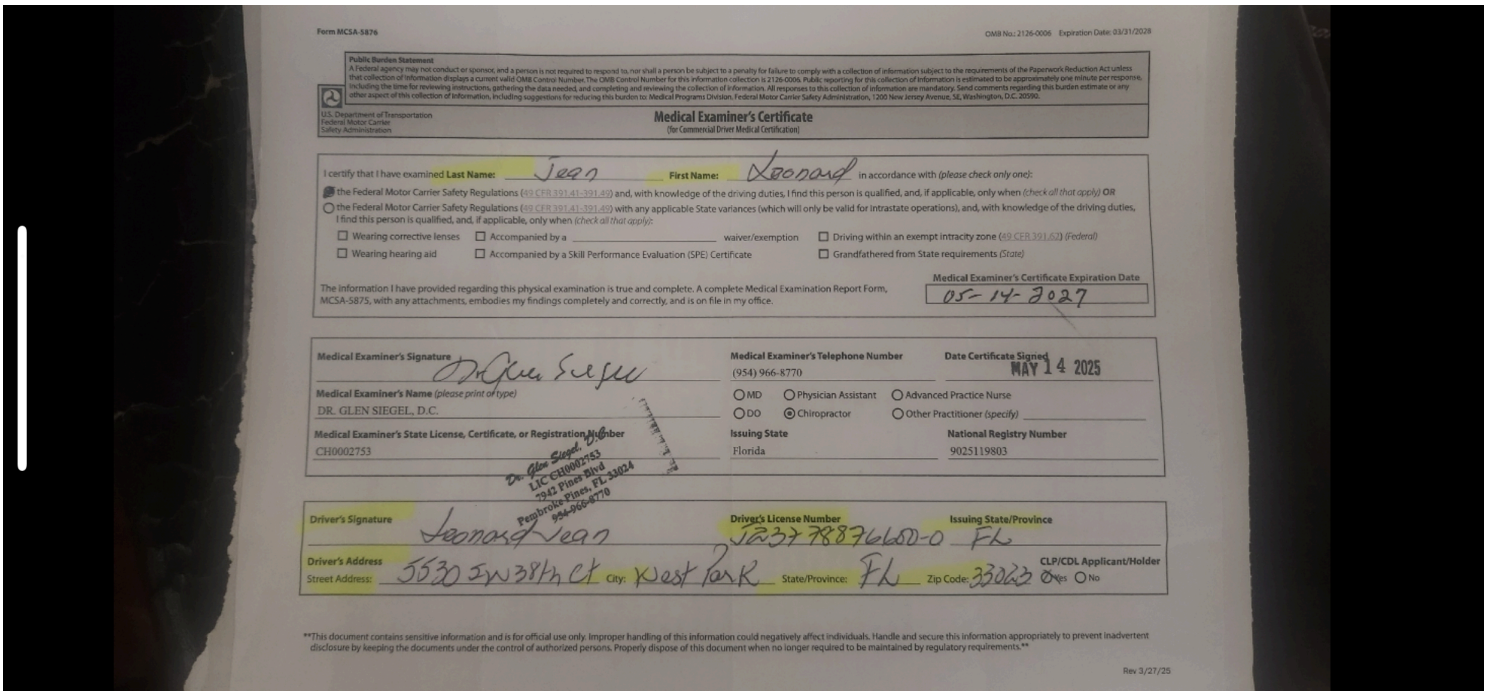

Form MCSA-5876 OMB No.: 2126-0006 Expiration Date: 03/31/2028

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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:** Jean **First Name:** Leonard 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: 05-14-2027

Medical Examiner's Signature: Dr. Glen Siegel

Medical Examiner's Telephone Number: (954) 966-8770

Date Certificate Signed: MAY 14 2025

Medical Examiner's Name *(please print or type)*: DR. GLEN SIEGEL, D.C.

○ MD ○ Physician Assistant ○ Advanced Practice Nurse
○ DO ◉ Chiropractor ○ Other Practitioner *(specify)* _____

Medical Examiner's State License, Certificate, or Registration Number: CH0002753

Issuing State: Florida

National Registry Number: 9025119803

Dr. Glen Siegel, D.C.
LIC CH0002753
7942 Pines Blvd
Pembroke Pines, FL 33024
954-966-8770

Driver's Signature: Leonard Jean

Driver's License Number: J237 788 76 650-0

Issuing State/Province: FL

Driver's Address
Street Address: 5530 SW 38th Ct City: West Park State/Province: FL Zip Code: 33023

CLP/CDL Applicant/Holder ◉ Yes ○ No

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Rev 3/27/25

←

Dr. GLEN SIEGEL
(Doctor Of Chiropractic)

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Hours of Operation
mon. & wed. & frid.

National Registry Number
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Certification Date
06/08/2013

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N/A

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