

I certify that I have examined Last Name: VEGA First Name: APOLONIO in accordance with (please check only one):
☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.59) 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 391.41-391.59) 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 391.63) (Federal)
☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.61 (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
12/25/2024

Medical Examiner's Signature

Medical Examiner's Telephone Number
(305) 834-7900

Date Certificate Signed

12/26/2023

Medical Examiner's Name (Please print or type)

☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse
☐ DO ☒ Chiropractor ☐ Other Practitioner (specify) _____

Jared Rose

Issuing State

National Registry Number

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

Florida

4294143777

CH10847

Driver's Signature

Driver's License Number
V253000632901

Issuing State/Province

Florida

Driver's Address

CLP/CDL Applicant/Holder

Street Address: 1440 NW 9TH CT

City: HOMESTEAD

State/Province: FL

Zip Code: 33030

☒ Yes ☐ No

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Rev 1/5/2



 **Dr. Jared Rose**
(Doctor Of Chiropractic)



Email



Website

Practice Business Name
Sobe Health Center

Address
16585 nw 2 ave Suite #300 miami, FL 33169

Hours of Operation
-

National Registry Number **Certification Date**
4294143777 04/30/2014

Distance **Business Phone**
N/A (305) 834-7900

Business Fax Number
7865230599

Business Email
jeru333@yahoo.com

