

I certify that I have examined Last Name: Rivero First Name: Heriz 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 I check at least one of 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 I check all that apply:

☐ Wearing corrective lenses ☐ Accompanied by a _____ waiver/exemption ☐ Driving within an exempt intracity zone (49 CFR 391.62) (check)

☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ 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: 9/3/2023

Medical Examiner's Signature: Tiffany Moultrie Medical Examiner's Telephone Number: 407-866-1628 Date Certificate Signed: 9/3/2021

Medical Examiner's Name (please print or type): Dr. Tiffany Moultrie

☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse

☐ DO ☒ Chiropractor ☐ Other Practitioner (specify): _____

Medical Examiner's State License, Certificate, or Registration Number: CH10787 Issuing State: Florida National Registry Number: 2528025507

Driver's Signature: [Signature] Driver's License Number: 070064768 Issuing State/Province: GA

Driver's Address: 2130 Cascades Blvd City: Kissimmee State/Province: FL Zip Code: 34746 CLP/CDL Applicant/Holder: ☒ Yes ☐ No

"This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements."



Federal Motor Carrier Safety Administration



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Previous Page

1 of 1

Next Page

Ms. Tiffany Moulter (Doctor Of Chiropractic)

ChiroLife Health Center

9565 S. Orange Blossom Trail Suite

5 Orlando, FL 32837

(407) 866-1628

N/A [Directions](#)

