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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: Jouis First Name: Dieu-Sone 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 391.63) (Federal)
- ☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.63 (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, embodied in this report, shall be filed in my office.

Dr. Fritz J. Philippe

2500 Hollywood Blvd, Ste 30  
Hollywood FL 33020

Medical Examiner's Certificate Expiration Date

08/08/2024

Medical Examiner's Signature

LIC # CH11400 DC

Medical Examiner's Telephone Number

954-288-3719

Date Certificate Signed

08/08/2023

Medical Examiner's Name (please print or type)

Dr. Fritz J. Philippe

- ☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse  
☐ DO ☒ Chiropractor ☐ Other Practitioner (specify) \_\_\_\_\_

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

CH11400 DC

Issuing State

FL

National Registry Number

1638823036

Driver's Signature

Dieu-Sone Jouis

Driver's License Number

1200-160-80-083-0/FL

Issuing State/Province

CLP/COL Applicant/Holder

Driver's Address

Street Address:

220 SW 28th Drive, Ft. Lauderdale

State/Province:

FL

Zip Code:

333120

Yes ☐ No ☐

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# FMCSA

Federal Motor Carrier Safety Administration



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 **Dr. Fritz Philippe**  
(Doctor Of Chiropractic)



Email



Website

**Practice Business Name**  
Body of light Wellness Center

**Address**  
2500 Hollywood blvd 201 Hollywood, FL 33020

**Hours of Operation**  
8:30 am - 7:00 pm monday - friday. sat and sun per appointment

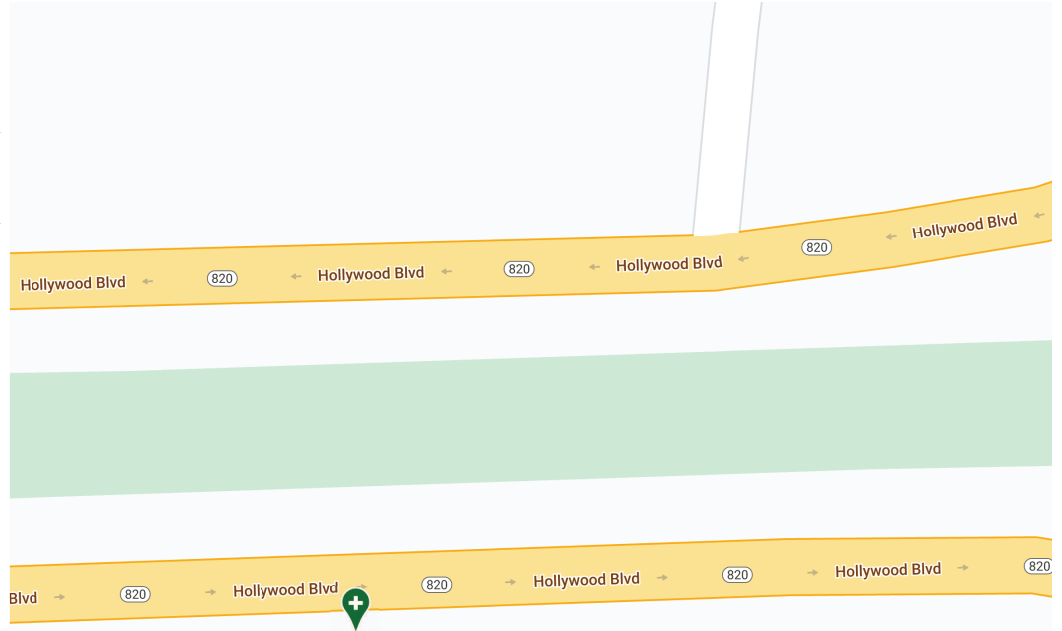
**National Registry Number** 1638823056 **Certification Date** 04/11/2015

**Distance** N/A **Business Phone** (754) 816-5976

**Business Fax Number**  
-

**Business Email**  
drphilippe1@yahoo.com

**Business Website**  
<https://lightchiropracticcare.com/dot-exams/>



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