Form MCSA-5876

OMB No. 2126-0006 Expiration Date: 12/31/2024

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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:** BLANCO TORREALBA **First Name:** CARLOS in accordance with *(please check only one)*: 06/01/1978

- (•) 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)*:

[X] 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 [ ] 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. File #1621

Medical Examiner's Certificate Expiration Date
12/27/2025

Medical Examiner's Signature

Medical Examiner's Telephone Number
954-797-1490

Date Certificate Signed
12/28/2023

Medical Examiner's Name *(please print or type)*
E. S. HANSEN

( ) MD ( ) Physician Assistant ( ) Advanced Practice Nurse
( ) DO (•) DC ( ) Other Practitioner *(specify)* _____

Medical Examiner's State License, Certificate, or Registration Number
CH10125

Issuing State
FL

National Registry Number
2827263503

Driver's Signature

Driver's License Number
B452101782010

Issuing State/Province
FL

Driver's Address
Street Address: 6230 SW 24TH PL APT 203 City: DAVIE State/Province: FL Zip Code: 33314

CLP/CDL Applicant/Holder
(•) Yes ( ) No

←

Dr. E.S. Hansen
(Doctor Of Chiropractic)

Email Website

Practice Business Name
DOT PHYSICALS PLUS

Address
2705 Burris Rd Fort Lauderdale, FL 33314

Hours of Operation
0800-2300

National Registry Number
2827263503

Certification Date
01/18/2013

Distance
N/A

Business Phone
(954) 797-1490

Business Fax Number
-

Business Email
dotphysicalsplus@gmail.com

Business Website
dotphysicalsplus.com