Form MCSA-5876

OMB No. 2126-0006 Expiration Date: 11/30/2021

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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:** Seacroft **First Name:** Roxanne in accordance with *(please check only one)*:

- [x] 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
  - [ ] Wearing hearing aid
  - [ ] Accompanied by a _____ waiver/exemption
  - [ ] Accompanied by a Skill Performance Evaluation (SPE) Certificate
  - [ ] Driving within an exempt intracity zone (49 CFR 391.62) *(Federal)*
  - [ ] 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 10/27/23

Medical Examiner's Signature [signature]

Medical Examiner's Telephone Number 305-834-7900

Date Certificate Signed 10/27/21

Medical Examiner's Name *(please print or type)*: Jared Rose

- [ ] MD
- [ ] DO
- [x] Physician Assistant
- [x] Chiropractor
- [ ] Advanced Practice Nurse
- [ ] Other Practitioner *(specify)* _____

Medical Examiner's State License, Certificate, or Registration Number: CH10847

Issuing State: Florida

National Registry Number: 4294143777

Driver's Signature X [signature]

Driver's License Number S526727942060 **Issuing State/Province** FL

Driver's Address Street Address: 880 Coral Ridge Dr City: Coral Springs State/Province: FL Zip Code: 33071

Check CLP/CDL Hold: **CLP/CDL Applicant/Holder** [x] Yes [ ] No

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United States Department of Transportation

FMCSA
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Previous Page | 1 of 1 | Next Page

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