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**Medical Examiner's Certificate**  
 (for Commercial Driver Medical Certification)

U.S. Department of Transportation  
 Federal Motor Carrier  
 Safety Administration

I certify that I have examined **Last Name:** Lugo Rocha **First Name:** Carlos 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):

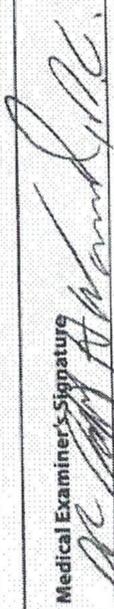
Wearing corrective lenses  Accompanied by a \_\_\_\_\_ waiver/exemption  Driving within an exempt intracity zone (49 CFR 391.62) (Federal)

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)  Grandfathered from State requirements (State)

**Medical Examiner's Certificate Expiration Date**  
12/27/2024

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 Signature**  


**Medical Examiner's Name (please print or type)**  
 Robert Warmund

**Medical Examiner's State License, Certificate, or Registration Number**  
 CH7873

**Medical Examiner's Telephone Number**  
 (954) 731-4900

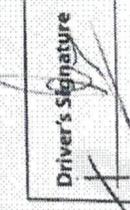
**Date Certificate Signed**  
 12/27/2023

MD  Physician Assistant  Advanced Practice Nurse

DO  Chiropractor  Other Practitioner (specify) \_\_\_\_\_

**Issuing State**  
 Florida

**National Registry Number**  
 4161955012

**Driver's Signature**  


**Driver's License Number**  
 L262-101-67-057-0

**Issuing State/Province**  
 Florida

**Street Address:** 2273 S SW 66th Ave Apt 203 **City:** Boca Raton **State/Province:** FL **Zip Code:** 33428

**CLP/CDL Applicant/Holder**  
 Yes  No

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**+ Dr. Robert Warmund**  
(Doctor Of Chiropractic)



Email



Website

**Practice Business Name**

DSE Health Systems, Inc.

**Address**

3770 W Oakland Park Blvd Lauderdale Lakes, FL 33311

**Hours of Operation**

m w f 9-12, 2-6:30, tu th 1-6:30

**National Registry Number**

4161955012

**Certification Date**

07/04/2014

**Distance**

N/A

**Business Phone**

(954) 731-4900

**Business Fax Number**

9547314901

**Business Email**

dsehealth@bellsouth.net

