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:** 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)*:

- [x] 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: 12/27/2024

Medical Examiner's Signature: Robert Warmund, D.C.

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

Date Certificate Signed: 12/27/2023

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

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

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

Issuing State: Florida

National Registry Number: 4161955012

Driver's Signature: [signature]

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

Issuing State/Province: Florida

Driver's Address
Street Address: 22735 SW 66th Ave Apt 203 City: Boca Raton State/Province: FL Zip Code: 33428

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

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Rev 1/5/22

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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