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

**Perez Fernandez Alejandro**

- I certify that I have examined the following person (Name): **Perez Fernandez Alejandro**
- ☒ The Federal Motor Carrier Safety Regulations (49 CFR 391.41 - 391.49), and knowledge of the driving duties, I find this person is qualified, and, if applicable, only when it meets all of the following: OR
- ☐ I find this person is qualified, and, if applicable, only when it meets all of the following:
- ☐ Wearing corrective lenses
  - ☐ Accompanied by a \_\_\_\_\_
  - ☐ Driving within an exempt intracity zone (49 CFR 391.43 (2) (c) (i))
  - ☐ Wearing hearing aid
  - ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate
  - ☐ Qualified by operation of 49 CFR 391.43 (2) (c) (ii)
  - ☐ Grandfathered from State requirements (2007)

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 Number: **12/27/65**  
**12/27/23**

Medical Examiner's Signature

*[Signature]*

Medical Examiner's Telephone Number  
703-520-9000

Date: **12/27/23**

Medical Examiner's Name (please print or type)

Luz Castillo D.C.

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

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

CH00000

Issuing State  
Florida

National Registry Number  
7488841169

Driver's Signature

*[Signature]*

Driver's License Number

**PD21000911310 FL**

Issuing State/Province

**Miami FL 33174**

CLP/CDL Applicant/Holder  
☒ Yes ☐ No

**10705 SW 4th St APT #10**



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 **Dr. Luz Castillo**  
(Doctor Of Chiropractic)



Email



Website

**Practice Business Name**  
DOT Physicals Miami

**Address**  
8000 West Flagler Street Suite 203 Miami, FL 33144

**Hours of Operation**  
-

**National Registry Number**    **Certification Date**  
7488831169    10/09/2014

**Distance**    **Business Phone**  
N/A    (305) 520-7720

**Business Fax Number**  
3059012344

**Business Email**  
lrcastillo66@hotmail.com

**Business Website**  
www.dotphysicalsmiami.com

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SW 90th Ave

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968

W Flagler St

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