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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: Chere US First Name: Reginald 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)

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: 3/27/25

Medical Examiner's Signature <u>[Signature]</u>	Medical Examiner's Telephone Number 5612961317	Date Certificate Signed <u>3/27/23</u>
Medical Examiner's Name (please print or type) Michael Gerber	<input type="radio"/> MD <input type="radio"/> Physician Assistant <input type="radio"/> Advanced Practice Nurse	
Medical Examiner's State License, Certificate, or Registration Number CH6734	<input type="radio"/> DO <input checked="" type="radio"/> Chiropractor <input type="radio"/> Other Practitioner (specify) _____	
	Issuing State Florida	National Registry Number 7972768716

Driver's Signature <u>[Signature]</u>	Driver's License Number <u>C 642 72078 4410</u>	Issuing State/Province <u>FL</u>
Driver's Address Street Address: <u>4179 N Haverhill Rd Apt 605</u>	City: <u>West Palm Beach</u>	State/Province: <u>FL</u> Zip Code: <u>33417</u>
		CLP/CDL Applicant/Holder <input checked="" type="radio"/> Yes <input type="radio"/> No

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[Next Page](#) **Dr. Michael Gerber (Doctor Of Chiropractic)** **A&M Gerber Chiropractic, LLC.**2247 Palm Beach Lakes Blvd. Suite 101 west palm
beach, FL 33409 (561) 296-1317 N/A [Directions](#)

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