I certify that I have examined **Last Name:** CHAVEZ BECERRA **First Name:** ALEXIS 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 393.68 (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: 11/02/2024

Medical Examiner's Signature

Medical Examiner's Telephone Number: (305) 834-7900

Date Certificate Signed: 11/03/2023

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

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

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

Issuing State: Florida

National Registry Number: 4294143777

Driver's Signature

Driver's License Number: C121000733690

Issuing State/Province: Florida

Driver's Address

Street Address: 605 WOODLAWN DR City: SEBRING State/Province: FL Zip Code: 33870

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

This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.

Rev. 1/15/22

Form MCSA-5875

OMB No.: 2126-0006 Expiration Date: 03/31/2025

Last Name: CHAVEZ BECERRA First Name: ALEXIS DOB: 10/09/1973 Exam Date: 11/03/2023

TESTING

Pulse Rate: 71 Pulse rhythm regular: (•) Yes ( ) No Height: 5 feet 9 inches Weight: 190 pounds

Blood Pressure	Systolic	Diastolic
Sitting	140	80
Second reading *(optional)*		

Urinalysis	Sp. Gr.	Protein	Blood	Sugar
Urinalysis is required. Numerical readings must be recorded.	1.010	0	0	0

Protein, blood, or sugar in the urine may be an indication for further testing to rule out any underlying medical problem.

Other testing if indicated

Vision

Standard is at least 20/40 acuity (Snellen) in each eye with or without correction. At least 70° field of vision in horizontal meridian measured in each eye. The use of corrective lenses should be noted on the Medical Examiner's Certificate.

Acuity	Uncorrected	Corrected	Horizontal Field of Vision
Right Eye:	20/____	20/ 20	Right Eye: 90 degrees
Left Eye:	20/____	20/ 20	Left Eye: 90 degrees
Both Eyes:	20/____	20/ 20	

	Yes	No
Applicant can recognize and distinguish among traffic control signals and devices showing red, green, and amber colors	(•)	( )
Monocular vision	( )	(•)
Referred to ophthalmologist or optometrist?	( )	(•)
Received documentation from ophthalmologist or optometrist?	( )	(•)

Hearing

Standard: Must first perceive whispered voice at not less than 5 feet ***OR*** *average hearing loss of less than or equal to 40 dB, in better ear (with or without hearing aid).*

Check if hearing aid used for test: ☐ Right Ear ☐ Left Ear ☑ Neither

Whisper Test Results

Record distance *(in feet)* from driver at which a forced whispered voice can first be heard

Right Ear	Left Ear
5	5

OR

Audiometric Test Results

Right Ear:			Left Ear:		
500 Hz	1000 Hz	2000 Hz	500 Hz	1000 Hz	2000 Hz
Average (right):			Average (left):		

PHYSICAL EXAMINATION

The presence of a certain condition may not necessarily disqualify a driver, particularly if the condition is controlled adequately, is not likely to worsen, or is readily amenable to treatment. Even if a condition does not disqualify a driver, the Medical Examiner may consider deferring the driver temporarily. Also, the driver should be advised to take the necessary steps to correct the condition as soon as possible, particularly if neglecting the condition could result in a more serious illness that might affect driving.

Check the body systems for abnormalities.

Body System	Normal	Abnormal	Body System	Normal	Abnormal
1. General	(•)	( )	8. Abdomen	(•)	( )
2. Skin	(•)	( )	9. Genito-urinary system including hernias	(•)	( )
3. Eyes	(•)	( )	10. Back/spine	(•)	( )
4. Ears	(•)	( )	11. Extremities/joints	(•)	( )
5. Mouth/throat	(•)	( )	12. Neurological system including reflexes	(•)	( )
6. Cardiovascular	(•)	( )	13. Gait	(•)	( )
7. Lungs/chest	(•)	( )	14. Vascular system	(•)	( )

Discuss any abnormal answers in detail in the space below and indicate whether it would affect the driver's ability to operate a CMV. Enter applicable item number before each comment.

LEFT GRIP STRENGTH 133 LBS
RIGHT GRIP STRENGTH 121 LBS
NECK DIAMETER; 17"
NO RHYTHM ABNORMALITIES DETECTED IN EKG
STOP BANG SCORE 1 MILD
BMI; 28.1

(Attach additional sheets if necessary)

Form MCSA-5875

OMB No.: 2126-0006 Expiration Date: 03/31/2025

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

Medical Examination Report Form

(for Commercial Driver Medical Certification)

MEDICAL RECORD #

_____

(or sticker)

SECTION 1. Driver Information *(to be filled out by the driver)*

PERSONAL INFORMATION

Last Name: CHAVEZ BECERRA First Name: ALEXIS Middle Initial: ___ Date of Birth: 10/09/1973 Age: 50

Street Address: 605 WOODLAWN DR City: SEBRING State/Province: FL Zip Code: 33870

Driver's License Number: C121000733690 Issuing State/Province: Florida Phone: (786) 661-7001

E-Mail *(optional)*: ACH2632@GMAIL.COM CLP/CDL Applicant/Holder*: ◉ Yes ○ No

Driver ID Verified By**: LICENSE

Has your USDOT/FMCSA medical certificate ever been denied or issued for less than 2 years? ◉ Yes ○ No ○ Not Sure

*CLP/CDL Applicant/Holder: See instructions for definitions.

**Driver ID Verified By: Record what type of photo ID was used to verify the identity of the driver, e.g., CDL, driver's license, passport.

DRIVER HEALTH HISTORY

Have you ever had surgery? If "yes," please list and explain below. ○ Yes ◉ No ○ Not Sure

Are you currently taking medications *(prescription, over-the-counter, herbal remedies, diet supplements)*? ◉ Yes ○ No ○ Not Sure
If "yes," please describe below.

LISINOPRIL

(Attach additional sheets if necessary)

FMCSA
Federal Motor Carrier Safety Administration

NATIONAL REGISTRY OF CERTIFIED MEDICAL EXAMINERS

Home Register Find A Me

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City, State or Zipcode | 10 | Miles

National Registry Number: 4294143777

Business Name:

First Name:

Last Name:

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Dr. Jared Rose (Doctor Of Chiropractic)
Sobe Health Center
16585 nw 2 ave Suite #300 miami, FL 33169
(305) 834-7900 N/A Directions

NW 183rd St ← Miami Gardens Dr ← 860 ← NW 183rd St ← Miami Gardens Dr ← 860