

Public Burden Statement

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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:** Hart

First Name: Michael

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
- ☐ Wearing hearing aid ☐ 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 391.61 (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

04-24-2025

Medical Examiner's Signature

Dr. Glen Siegel

Medical Examiner's Telephone Number

(954) 966-8770

Date Certificate Signed

APR 24 2023

Medical Examiner's Name (please print or type)

DR. GLEN SIEGEL, D.C.

☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse

☐ DO ☒ Chiropractor ☐ Other Practitioner (specify) _____

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

CH0002753

Issuing State

Florida

National Registry Number

☒ 9025119803

Dr. Glen Siegel, D.C.
LIC CH0002753
7942 Pines Blvd
Pembroke Pines, FL 33024
954-966-8770

Driver's Signature

Michael Hart

Driver's License Number

#630550922160

Issuing State/Province

FL

Driver's Address

Street Address:

19221 Ne 10th Ave

City:

Miami

State/Province:

FL

Zip Code:

33179

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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