

## 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: JESUS

First Name: KIVAS

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 ☐ 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

02-16-2026

Medical Examiner's Signature

*Glen Siegel*

Medical Examiner's Name (please print or type)

DR. GLEN SIEGEL, D.C.

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

CH0002753

Medical Examiner's Telephone Number

9549668770

Date Certificate Signed

FEB 16 2024

☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse

☐ DO ☒ Chiropractor ☐ Other Practitioner (specify) \_\_\_\_\_

Issuing State

Florida

National Registry Number

☒ 9025119803

Driver's Signature

*Jesus Kivas*

Driver's License Number

R121 421 863350

Issuing State/Province

FL

Driver's Address

Street Address:

5230 Hollywood

City:

Hollywood

State/Province:

FL

Zip Code:

33021

CLP/CDL Applicant/Holder

☒ Yes ☐ No