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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: Dwyer** **First Name: Travoy** 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 391.61 (Federal)

Grandfathered from State requirements (State)

Medical Examiner's Certificate Expiration Date
08-25-2024

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 Signature: **Dr. 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 Address: **3899 NW 7th St, #202 Miami, FL 33126**

Medical Examiner's Telephone Number: **(954) 966-8770**

Date Certificate Signed: **AUG 25 2022**

Issuing State: **Florida**

National Registry Number: **9025119803**

Professional Designation: MD Physician Assistant Advanced Practice Nurse
 DO Chiropractor Other Practitioner (specify) _____

Driver's Signature: **[Signature]**

Driver's License Number: **D600818910670**

Issuing State/Province: **Florida**

Driver's Address: **Street Address: 5140 Florin Way City: Boynton beach State/Province: FL Zip Code: 33437**

CLP/CDL Applicant/Holder: Yes No

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