Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

...that I have examined Last Name: Echezarreta Jesus in accordance with (please check only one):

☐ 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):

☐ 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
☐ 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 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 attachment embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date: 12-7-2024

Medical Examiner's Signature: [signature]

Medical Examiner's Telephone Number: 540-245-[illegible]

Date Certificate Signed: 12-7-2022

Medical Examiner's Name (please print or type): JA Kinder, PA

☐ MD ● Physician Assistant ☐ Advanced Practice Nurse
☐ DO ☐ Chiropractor ☐ Other Practitioner (specify)

Medical Examiner's State License, Certificate, or Registration Number: 0110002771

Issuing State: VA.

National Registry Number: 9376755143

Driver's Signature: [signature]

Driver's License Number: 226421394077-0

Issuing State/Province: FLA.

Driver's Address: 1940 NE 22 AVE

City: NAPLES

State/Province: FL

Zip Code: 34120

CLP/CDL Applicant/Holder: ● Yes ☐ No

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