Form MCSA-5876 OMB No. 2126-0006 Expiration Date: 11/30/25

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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:** Rechevarria **First Name:** Yordanys R in accordance with *(please check only one)*:

- [X] 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
- [ ] 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 examination form with any attachment embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date: 2/3/2024

Signature of Medical Examiner: [signature]

Medical Examiner's Telephone Number: (305) 558-3220

Date Certificate Signed: 2/3/2022

Medical Examiner Name *(please print or type)*: ANIA BENITEZ

- [X] MD
- [ ] DO
- [ ] Physician Assistant
- [ ] Chiropractor
- [ ] Advanced Practice Nurse
- [ ] Other Practitioner *(specify)*: _____

Medical Examiner's State License, Certificate, or Registration Number: ME 90842 FL

Issuing State: FLORIDA

National Registry Number: 4590054559

Signature of Driver: [signature]

Driver's License Number: H216976084005-0 **Issuing State/Province:** FL

Address of Driver — Street: 25000 SW 134 Ave Unit 206 City: Princeton State/Province: FL Zip Code: 33032

CLP/CDL Applicant/Holder: [X] Yes [ ] No