Medical Examiner's Certificate

(For Commercial Motor Vehicle Operators)

I certify that I have examined: Last Name: Fernandez First Name: Montano Antonio 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

☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Driving within an exempt intracity zone (49 CFR 391.62) (Federal)

☐ Wearing hearing aid ☐ 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 attachments embodies my findings completed and signed, and will be in my office.

Medical Examiner's Certificate Expiration Date: 12/23/2024

Medical Examiner's Signature: [signature]

Medical Examiner's Name (type or print): Paula Medina

Medical Examiner's Telephone Number: 3054188606

Date Certificate Signed: 05/23/2022

☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse

☐ DO ☒ Chiropractor ☐ Other (specify)

Medical Examiner's Certificate, or Registration Number: C1173373

Issuing State: FL

National Registry Number: 3496977700

Driver's Signature: [signature]

Driver's License Number: F635000601171

Issuing State/Province: FL

Driver's Address: 1818 NW 97 Ave

City: Miami

State/Province: FL

Zip Code: 33172

CLP/CDL Applicant/Holder: ☒ Yes ☐ No