I certify that I have examined **Last Name:** CHAVEZ BECERRA **First Name:** ALEXIS 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*):

- [x] 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 393.68 (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 completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date: 11/02/2024

Medical Examiner's Signature

Medical Examiner's Telephone Number: (305) 834-7900

Date Certificate Signed: 11/03/2023

Medical Examiner's Name (*please type*): Jared Rose

( ) MD ( ) Physician Assistant ( ) Advanced Practice Nurse
( ) DO (•) Chiropractor ( ) Other Practitioner (specify) _____

Medical Examiner's State License, Certificate, or Registration Number: CH10847

Issuing State: Florida

National Registry Number: 4294143777

Driver's Signature

Driver's License Number: C121000733690

Issuing State/Province: Florida

Driver's Address

Street Address: 605 WOODLAWN DR City: SEBRING State/Province: FL Zip Code: 33870

CLP/CDL Applicant/Holder: (•) Yes ( ) No

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