#767 Jorge Fernandez.

U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Medical Examiner's Certificate
(for Commercial Driver Medical Certification)

13240306023838

CMV DRIVER CERTIFICATION

I certify that I have examined Last Name: FERNANDEZ First Name: JORGE 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
- ☐ 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 attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date: 3/6/2026

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature: Nancy Bednarek

Medical Examiner's Name (please print or type): NANCY BEDNAREK

Medical Examiner's Telephone Number: (708) 546-0551

Date Certificate Signed: 3/6/2024

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

Medical Examiner's State License, Certificate, or Registration Number: 277000935

Issuing State: IL

National Registry Number: 5396823207

CMV DRIVER INFORMATION

Driver's Signature: ✓

Driver's License Number: F655427671350

Issuing State/Province: FL

Driver's Address

Street Address: 1937 QUINTERO City: LEHIGH ACRES State/Province: FL Zip Code: 33972

CLP/CDL Applicant/Holder: ● Yes ○ No

This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.

YOU MUST PROVIDE YOUR STATE DRIVER LICENSING AGENCY WITH THE COPY OF THE MEDICAL CERTIFICATE. MED-STOP DOES NOT SEND IT TO THE SDLA.

Form MCSA-5876

An official website of the United States government Here's how you know

United States Department of Transportation

FMCSA
Federal Motor Carrier Safety Administration

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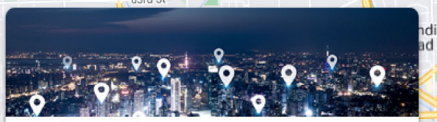

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Ms. Nancy Bednarek (Nurse Practitioner)
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7831 w 95th St Hickory Hills, IL 60457
(708) 546-0551 N/A Directions

Ms. Nancy Bednarek (Nurse Practitioner)
Lagrange Medical Center And Urgent Care
6170 Joliet road Countryside, IL 60525
(773) 719-8297 N/A Directions