Form MCSA-5876

OMB No.: 2126-0006 Expiration Date: 03/31/2025

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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:** Hendrieth **First Name:** Paul 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 ☐ Driving within an exempt intracity zone (49 CFR 391.62) *(Federal)*
☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ 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: 07/10/2025

Medical Examiner's Signature _____

Medical Examiner's Telephone Number: (305)770-4500

Date Certificate Signed: 07/10/2024

Medical Examiner's Name *(please print or type)*: Ally, Lisa

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

Medical Examiner's State License, Certificate, or Registration Number: PA9103925

Issuing State: FL

National Registry Number: 2911707427

Driver's Signature _____

Driver's License Number: H536689583650

Issuing State/Province: FL

Driver's Address

Street Address: 2326 Pershing St City: Hollywood State/Province: FL Zip Code: 33020

CLP/CDL Applicant/Holder (●) Yes ( ) No

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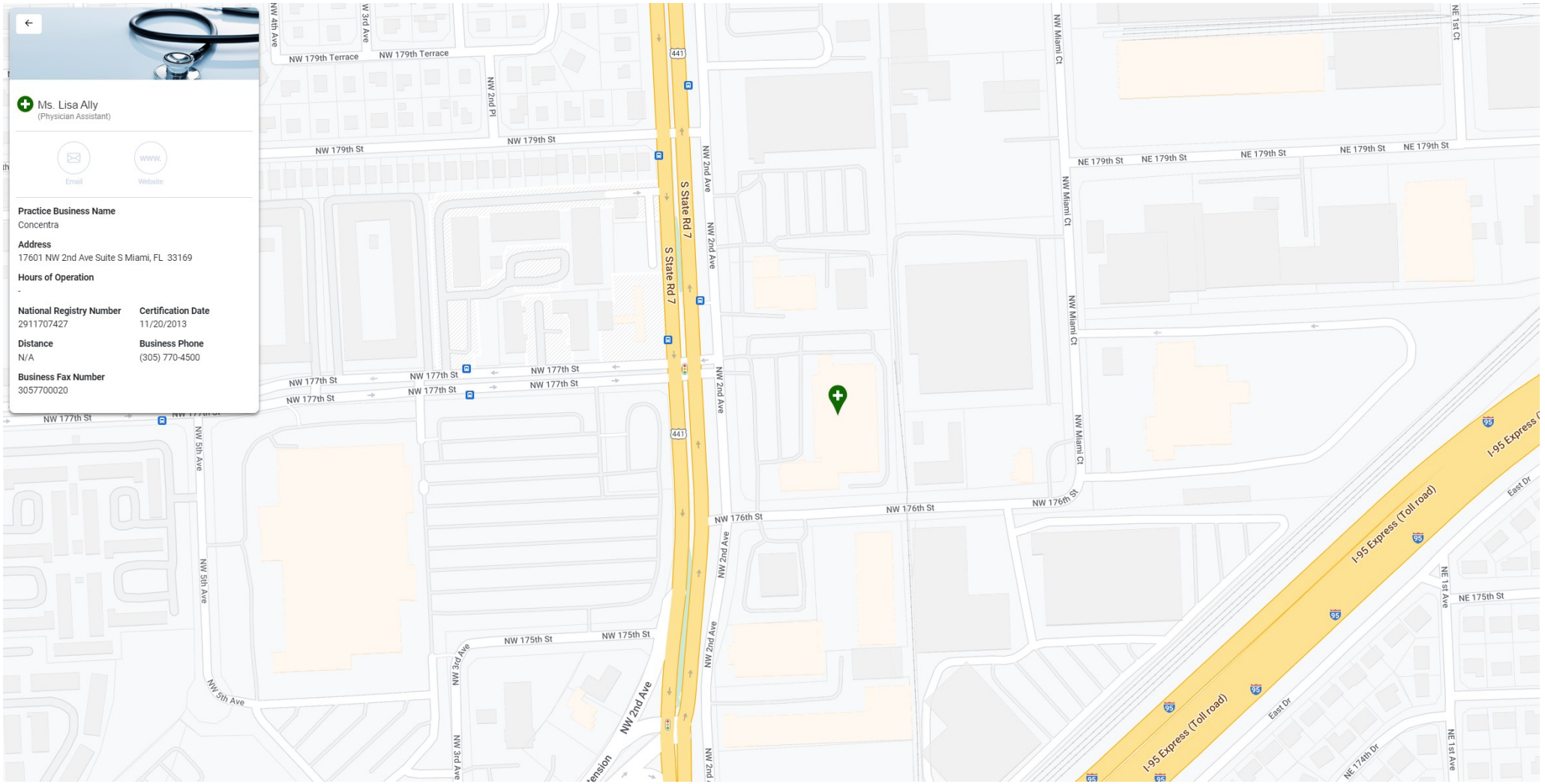
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(Physician Assistant)
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Hours of Operation
-
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Business Fax Number
3057700020
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NW 179th St
NW 2nd Pl
S State Rd 7
441
NW 2nd Ave
NW Miami Ct
NE 179th St
NE 1st Ct
NW 177th St
NW 5th Ave
NW 176th St
NW 175th St
NW 3rd Ave
I-95 Express (Toll road)
East Dr
NE 175th St
NE 1st Ave
NE 174th Dr