FMCSA-3876 ... OMB No.: 2126-0006 ; Expiration Date: 03/31/20

Medical Examiner's Certificate

fy that I have examined Last Name: SANTOS JIMENEZ First Name: ERICK In accordance with *(please check only one)*:

s 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

s 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, nd this person is qualified, and, if applicable, only when *(check all that apply)*:

- ☐ Wearing corrective lenses
- ☐ Accompanied by a _____ waiver/exemption
- ☐ Wearing hearing aid
- ☐ 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)

formation I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, -5875, with any attachments, embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date: 10/27/25

al Examiner's Signature: [signature]

Medical Examiner's Telephone Number: 732 409 3627

Date Certificate Signed: 10/27/23

al Examiner's Name *(please type or print)*: Yati Patel, PA-C

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

al Examiner's State License, Certificate, or Registration Number: 25MP 0048 2800

Issuing State: New Jersey

National Registry Number: 1124 397 7833

's Signature: Erick A. Santos

Driver's License Number: S0490 23261 02802

Issuing State/Province: NJ

s Address

ddress: 150 SYLVAN AV **City:** NEWARK **State/Province:** NJ **Zip Code:** 07104

CLP/CDL Applicant/Holder
- ○ Yes
- ○ No

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07/2022

United States Department of Transportation

FMCSA
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Yati Patel (Physician Assistant)
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