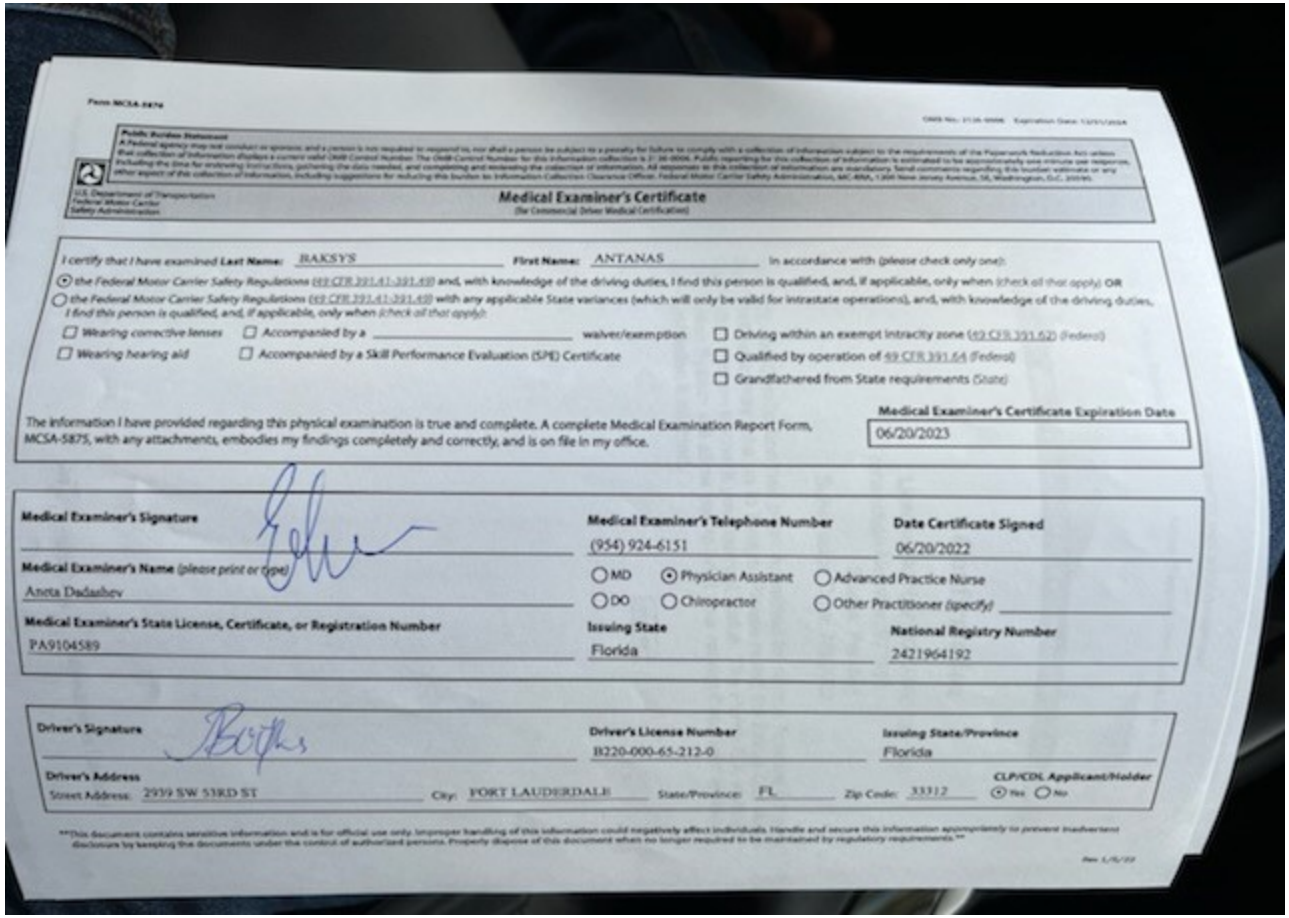

Form MCSA-5876

OMB No.: 2126-0006 Expiration Date: 12/31/2024

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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:** BAKSYS **First Name:** ANTANAS *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
- [ ] *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)

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
06/20/2023

Medical Examiner's Signature

Medical Examiner's Telephone Number
(954) 924-6151

Date Certificate Signed
06/20/2022

Medical Examiner's Name *(please print or type)*
Aneta Dadashev

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

Medical Examiner's State License, Certificate, or Registration Number
PA9104589

Issuing State
Florida

National Registry Number
2421964192

Driver's Signature

Driver's License Number
B220-000-65-212-0

Issuing State/Province
Florida

Driver's Address
Street Address: 2939 SW 51RD ST City: FORT LAUDERDALE State/Province: FL Zip Code: 33312

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

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Rev. 1/15/22