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:** Banegas **First Name:** Juan 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)* ☐ 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: 04/13/2025

Medical Examiner's Signature

Medical Examiner's Telephone Number: (972)988-0441

Date Certificate Signed: 04/13/2024

Medical Examiner's Name *(please print or type)*: Haynes, Cherie

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

Medical Examiner's State License, Certificate, or Registration Number: PA10757

Issuing State: TX

National Registry Number: 7471172242

Driver's Signature

Driver's License Number: 42874235

Issuing State/Province: TX

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

Driver's Address

Street Address: 11223 Sageriver Dr City: Houston State/Province: TX Zip Code: 77089-

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United States Department of Transportation

FMCSA
Federal Motor Carrier Safety Administration

NATIONAL REGISTRY OF CERTIFIED MEDICAL EXAMINERS

Home | Register | Find A Medical Examiner | Resource Center | Contact Us | Login

Ms. Cherie Haynes
(Physician Assistant)

Email | Website

Practice Business Name
Concentra Urgent Care

Address
2160 E. Lamar Blvd Arlington, TX 76006

Hours of Operation
-

National Registry Number
7471172242

Certification Date
09/23/2017

Distance
N/A

Business Phone
(972) 988-0441

Business Fax Number
-

Business Email
cherie.haynes2@gmail.com