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)

CMV DRIVER CERTIFICATION

I certify that I have examined *(last name)* ARO *(first name)* Jesus 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 (*specify type*): ☐ 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
11/02/2024

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature	Medical Examiner's Telephone Number	Date Certificate Signed
	(803)329-3103	11/02/2022

Medical Examiner's Name *(please print or type)*
Hess, Paul

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

Medical Examiner's State License, Certificate, or Registration Number	Issuing State	National Registry Number
2033	SC	8258914948

CMV DRIVER INFORMATION

Driver's Signature	Driver's License Number	Issuing State/Province
	A600-425823210	FL

Driver's Address

Street Address: 9337 SW 144 Pl City: Miami State/Province: FL Zip Code: 33186 **CLP/CDL** (•) Yes ( ) No

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United States Department of Transportation

FMCSA

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Mr. Paul Hess
(Nurse Practitioner)

Email Website

Practice Business Name
Concentra -Rock Hill

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1393 Celanse Rd Rock Hill, SC 29732

Hours of Operation
-

National Registry Number
8258914948

Certification Date
08/30/2019

Distance
N/A

Business Phone
(803) 329-3136

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8033277937

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