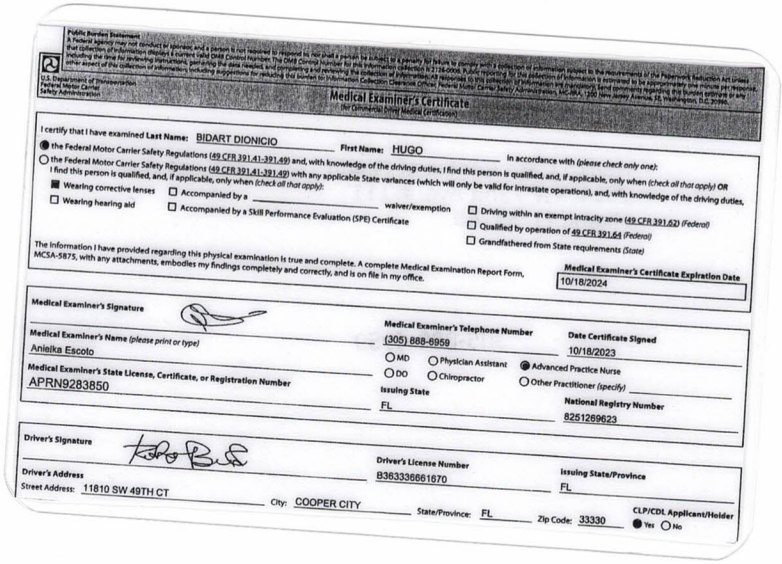


Public Burden Statement
A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to be approximately one minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

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:** BIDART DIONICIO **First Name:** HUGO 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)*
- [ ] 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: 10/18/2024

Medical Examiner's Signature

Medical Examiner's Name *(please print or type)*: Aniolka Escoto

Medical Examiner's Telephone Number: (305) 888-6959

Date Certificate Signed: 10/18/2023

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

Medical Examiner's State License, Certificate, or Registration Number: APRN9283850

Issuing State: FL

National Registry Number: 8251269623

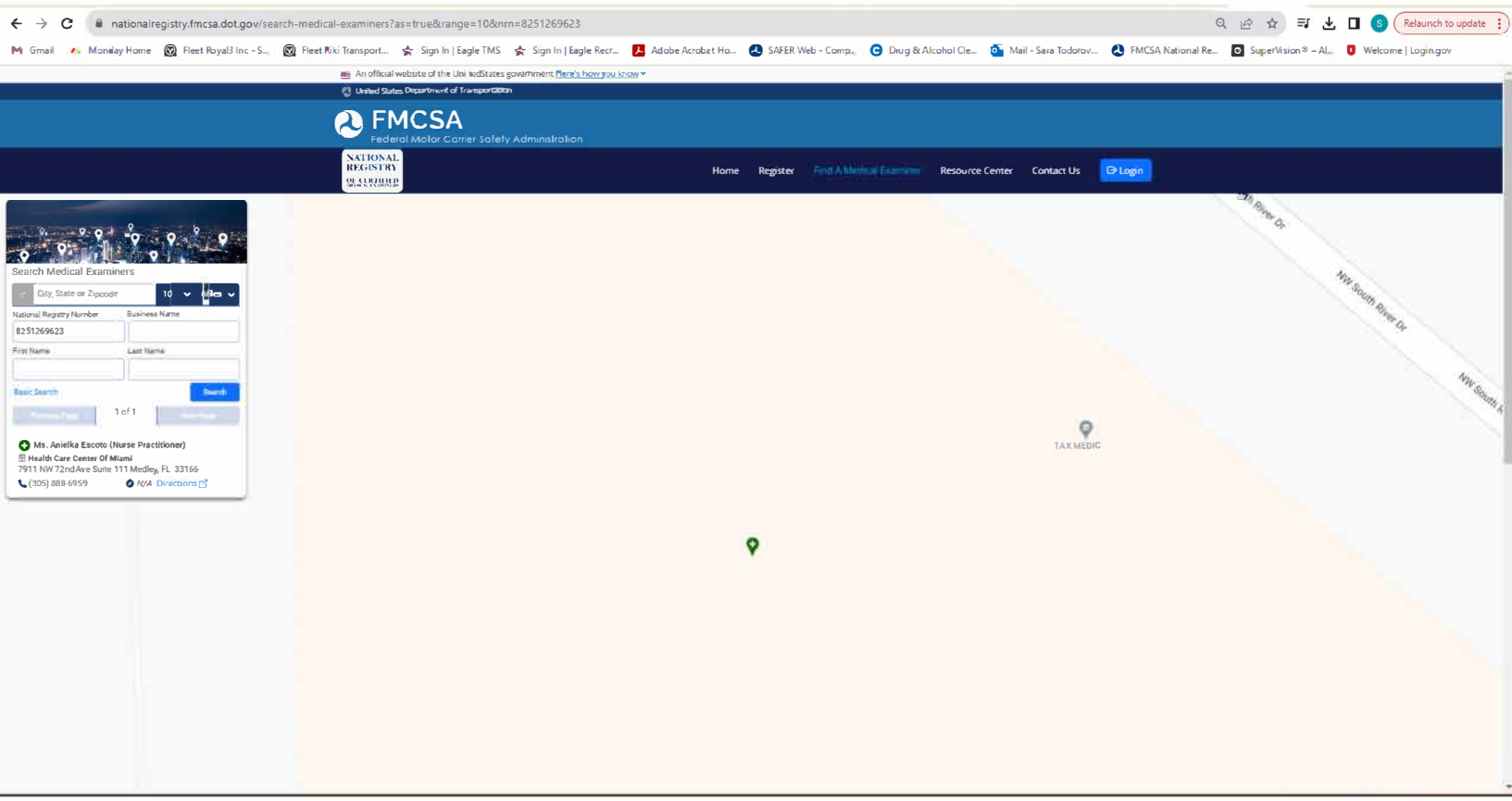
Driver's Signature

Driver's Address
Street Address: 11810 SW 49TH CT City: COOPER CITY State/Province: FL Zip Code: 33330

Driver's License Number: B363336661670

Issuing State/Province: FL

CLP/CDL Applicant/Holder: (●) Yes ( ) No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An official website of the United States government Here's how you know
United States Department of Transportation
FMCSA
Federal Motor Carrier Safety Administration
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Last Name
Basic Search
Search
1 of 1
Ms. Anielka Escoto (Nurse Practitioner)
Health Care Center Of Miami
7911 NW 72nd Ave Suite 111 Medley, FL 33166
(305) 888-6959
N/A
Directions
TAX MEDIC
NW South River Dr