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FMCSA
Federal Motor Carrier Safety Administration

NATIONAL REGISTRY OF CERTIFIED MEDICAL EXAMINERS

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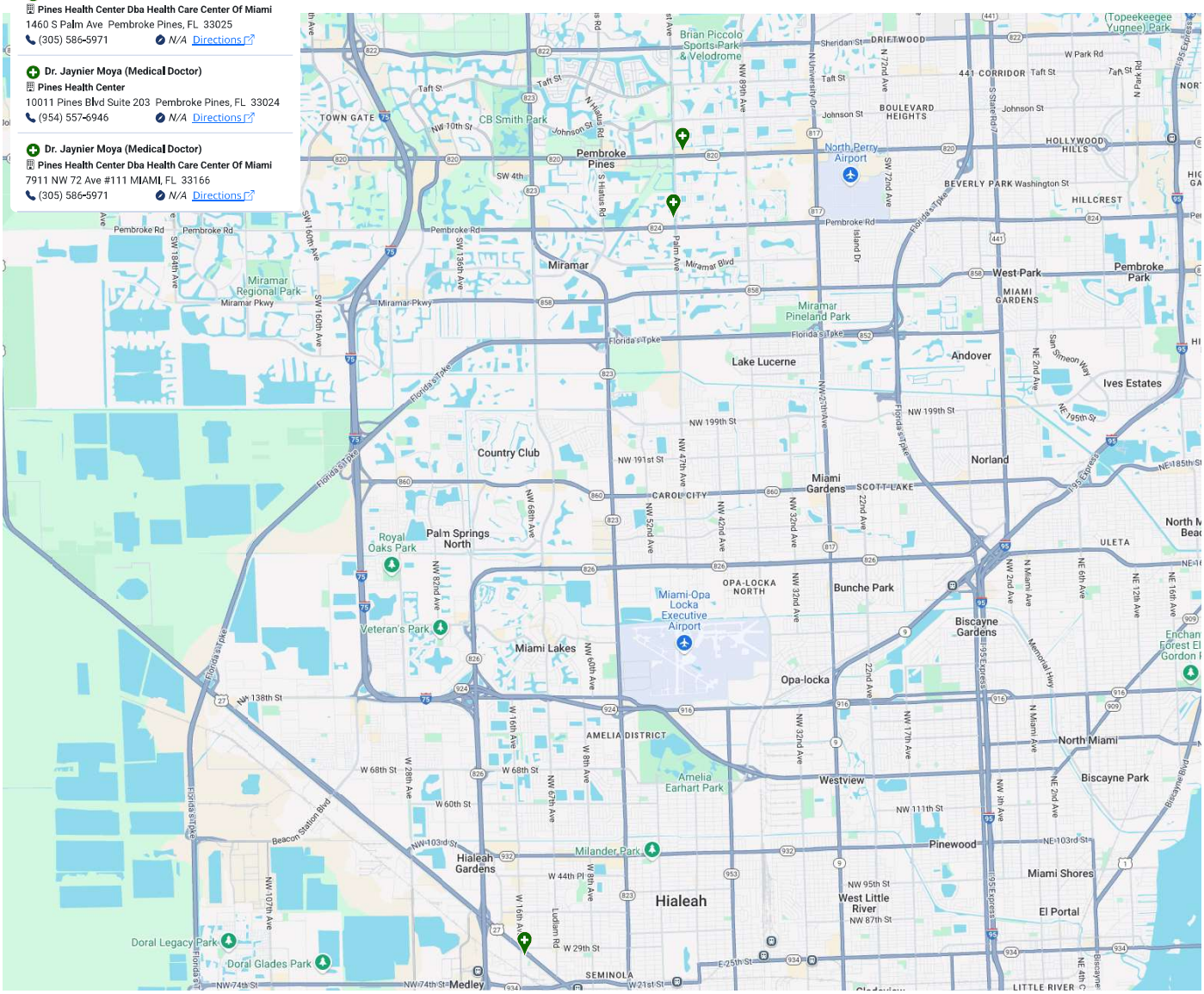
Dr. Jaynier Moya (Medical Doctor)
Pines Health Center Dba Health Care Center Of Miami
1460 S Palm Ave Pembroke Pines, FL 33025
(305) 586-5971 N/A Directions

Dr. Jaynier Moya (Medical Doctor)
Pines Health Center
10011 Pines Blvd Suite 203 Pembroke Pines, FL 33024
(954) 557-6946 N/A Directions

Dr. Jaynier Moya (Medical Doctor)
Pines Health Center Dba Health Care Center Of Miami
7911 NW 72 Ave #111 MIAMI, FL 33166
(305) 586-5971 N/A Directions



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U.S. DEPARTMENT OF TRANSPORTATION

Federal Motor Carrier Safety Administration

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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:** GARCIA BRITO **First Name:** YASMANY 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: 10/30/2026

Medical Examiner's Signature: [signature]

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

Date Certificate Signed: 10/30/2024

Medical Examiner's Name *(please print or type)*: Jaynier Moya

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

Medical Examiner's State License, Certificate, or Registration Number: ME100453

Issuing State: FL

National Registry Number: 9738017765

Driver's Signature: [signature]

Driver's License Number: G621-967-90-052-0

Issuing State/Province: FL

Driver's Address:
Street Address: 8440 NW 22ND PL City: MIAMI State/Province: FL Zip Code: 33147

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

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