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United States Department of Transportation

FMCSA
Federal Motor Carrier Safety Administration

NATIONAL REGISTRY OF CERTIFIED MEDICAL EXAMINERS

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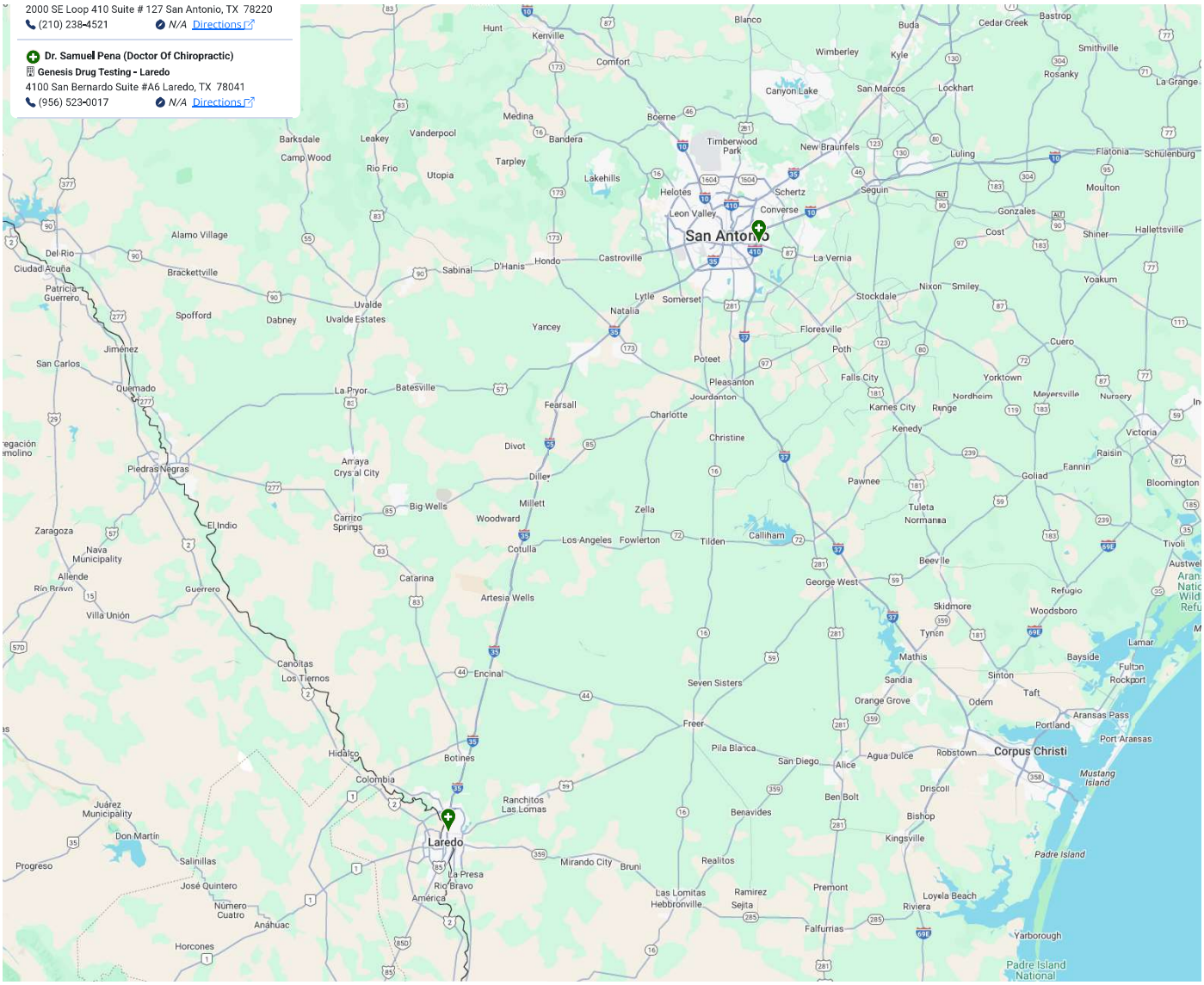
Dr. Samuel Pena (Doctor Of Chiropractic)
Genesis Drug Testing
2000 SE Loop 410 Suite # 127 San Antonio, TX 78220
(210) 238-4521 N/A Directions

Dr. Samuel Pena (Doctor Of Chiropractic)
Genesis Drug Testing - Laredo
4100 San Bernardo Suite #A6 Laredo, TX 78041
(956) 523-0017 N/A Directions



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U.S. DEPARTMENT OF TRANSPORTATION

Federal Motor Carrier Safety Administration

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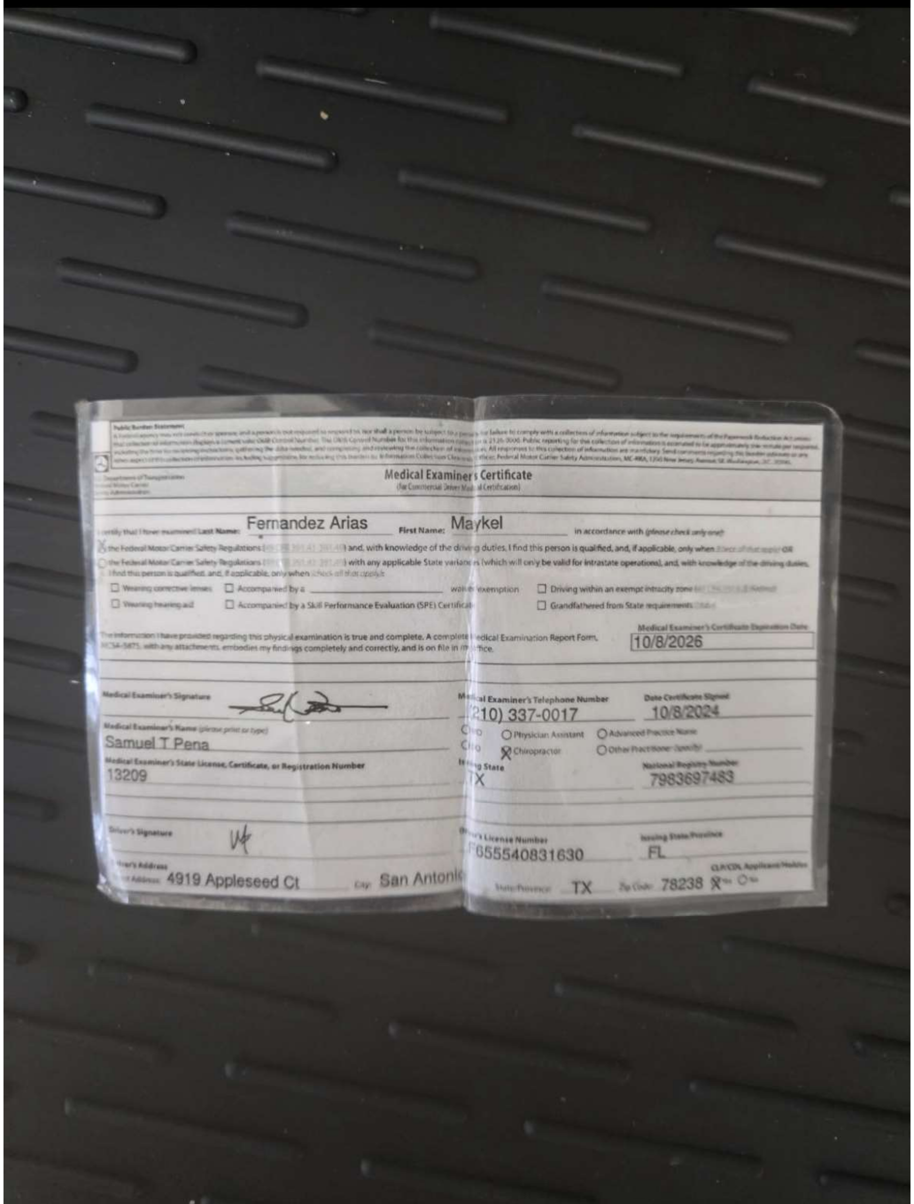

Medical Examiner's Certificate
(for Commercial Driver Medical Certification)

I certify that I have examined Last Name: Fernandez Arias First Name: Maykel in accordance with (please check only one):

☒ the Federal Motor Carrier Safety Regulations and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when: OR

○ the Federal Motor Carrier Safety Regulations 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:

- ☐ Wearing corrective lenses
- ☐ Accompanied by a ______ waiver/exemption
- ☐ Driving within an exempt intracity zone
- ☐ Wearing hearing aid
- ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate
- ☐ Grandfathered from State requirements

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: 10/8/2026

Medical Examiner's Signature: [signature]

Medical Examiner's Telephone Number: (210) 337-0017

Date Certificate Signed: 10/8/2024

Medical Examiner's Name (please print or type): Samuel T Pena

○ MD ○ DO ○ Physician Assistant ○ Advanced Practice Nurse ☒ Chiropractor ○ Other Practitioner (specify)

Medical Examiner's State License, Certificate, or Registration Number: 13209

Issuing State: TX

National Registry Number: 7983697483

Driver's Signature: [signature]

Driver's License Number: F655540831630

Issuing State/Province: FL

Driver's Address

Street Address: 4919 Appleseed Ct City: San Antonio State/Province: TX Zip Code: 78238

CLP/CDL Applicant/Holder: ☒ Yes ○ No