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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:** Juvief **First Name:** Leonardo 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 ☐ Accompanied by a _____ waiver/exemption ☐ Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
- ☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ 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 examination form with any attachment embodies my findings completely and correctly, and is on file in my office.

Signature of Medical Examiner

Medical Examiner's Telephone Number
(305) 558-3220

Medical Examiner's Certificate Expiration Date

Date Certificate Signed

Medical Examiner Name (please print or type)

ANIA BENITEZ

- ☒ MD ☐ Physician Assistant ☐ Advanced Practice Nurse
☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____

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

ME 90842 FL

Issuing State

FLORIDA

National Registry Number

4590054559

Signature of Driver

Driver's License Number

Issuing State/Province

Address of Driver

Street:

6534 SW 31st ST Miami, FL 33155

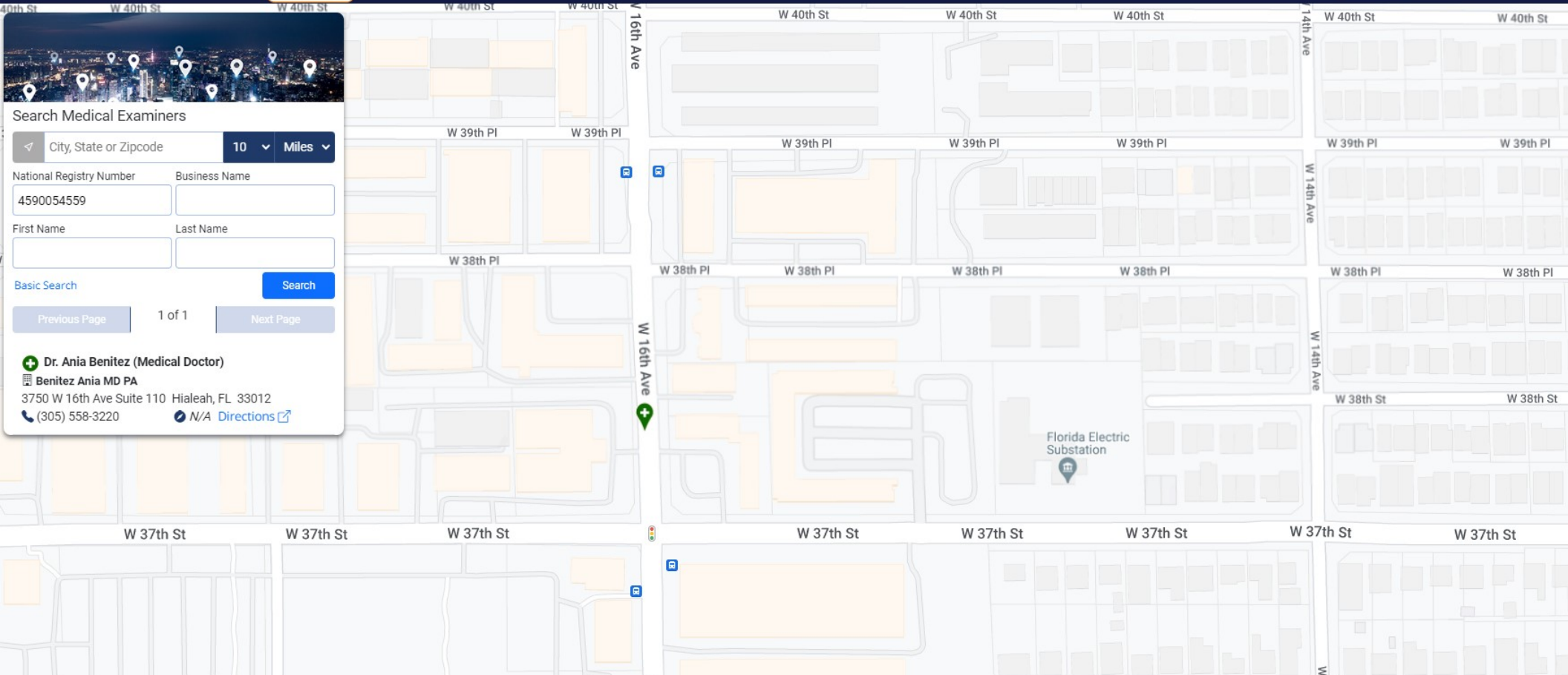
City:

State/Province:

Zip Code:

CLP/CDL Applicant/Holder

☒ Yes ☐ No



Search Medical Examiners

City, State or Zipcode 10 Miles

National Registry Number Business Name

4590054559

First Name Last Name

Basic Search Search

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Dr. Ania Benitez (Medical Doctor)

Benitez Ania MD PA

3750 W 16th Ave Suite 110 Hialeah, FL 33012

(305) 558-3220 N/A Directions