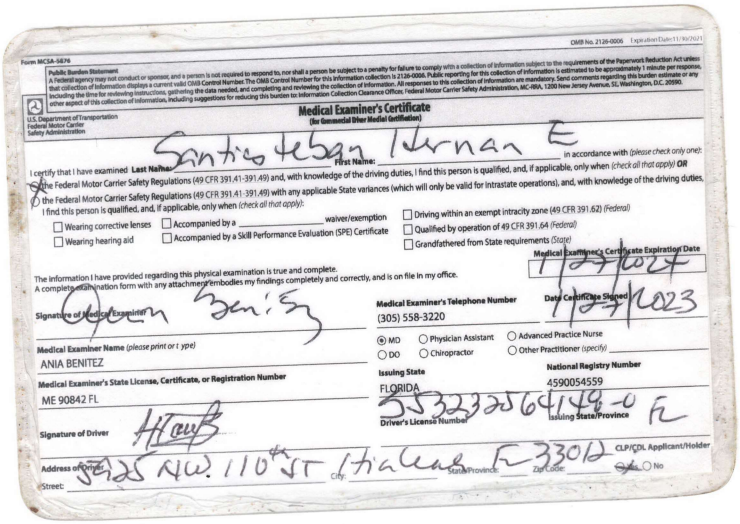

Form MCSA-5876 OMB No. 2126-0006 Expiration Date: 11/30/2021

Public Burden Statement
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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:** Santiesteban **First Name:** Hernan E in accordance with *(please check only one)*:

(X) 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)*

Medical Examiner's Certificate Expiration Date: 1/25/2024

The information I have provided regarding this physical examination is true and complete.
A complete examination form with any attachments embodies my findings completely and correctly, and is on file in my office.

Signature of Medical Examiner: [signature]

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

Date Certificate Signed: 1/25/2023

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

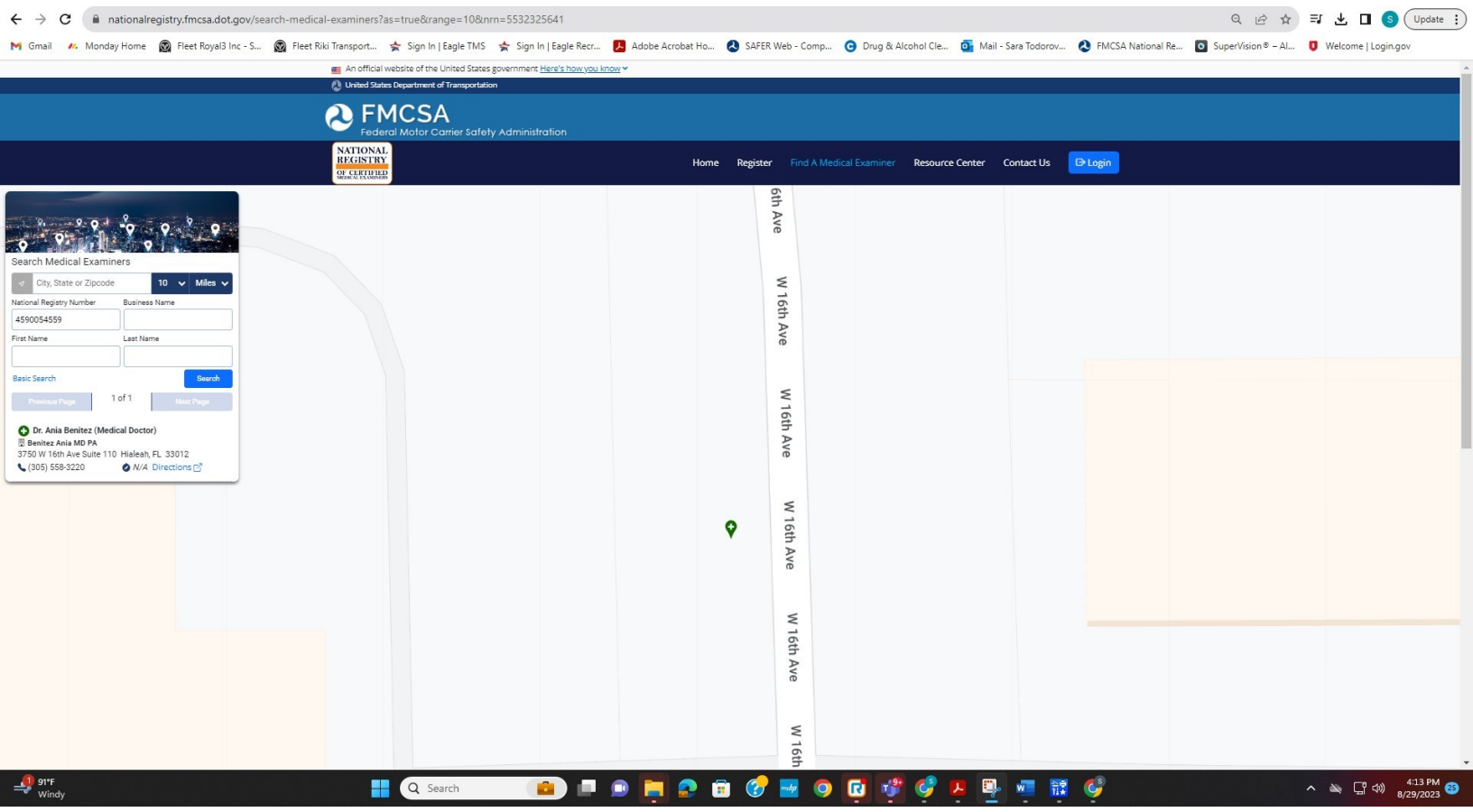
National Registry Number: 4590054559

Signature of Driver: [signature]

Driver's License Number: S532325641490 **Issuing State/Province:** FL

Address of Driver: Street: 3425 NW 110th ST City: Hialeah State/Province: FL Zip Code: 33018

CLP/CDL Applicant/Holder: (X) Yes ( ) No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Next Page
Dr. Ania Benitez (Medical Doctor)
Benitez Ania MD PA
3750 W 16th Ave Suite 110 Hialeah, FL 33012
(305) 558-3220
N/A
Directions
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8/29/2023