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U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

MEDICAL EXAMINER'S CERTIFICATE
(for Commercial Driver Medical Certification)

CMV DRIVER CERTIFICATION

I certify that I have examined (last name) Banos Crespo (first name) Javier 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):
- ( ) 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 (specify type): _____
- [ ] Accompanied by a Skill Performance Evaluation (SPE) Certificate
- [ ] Driving within an exempt intracity zone ( ) (Federal)
- [ ] Qualified by operation of ( ) (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: Apr. 8, 2024

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature: [signature]

Medical Examiner's Telephone Number: 239-561-3838

Date Certificate Signed: 4/8/22

Medical Examiner's Name (please print or type): DANIEL S. HALAJCSIK

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

Medical Examiner's State License, Certificate, or Registration Number: CH 9473

Issuing State: FLORIDA

National Registry Number: 5874159913

CMV DRIVER INFORMATION

Driver's Signature: [signature]

Driver's License Number: B526-420-76-013-0

Issuing State/Province: FLORIDA

Driver's Address
Street Address: 4724 30th St SW City: Lehigh Acres State/Province: FL Zip Code: 33973

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

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