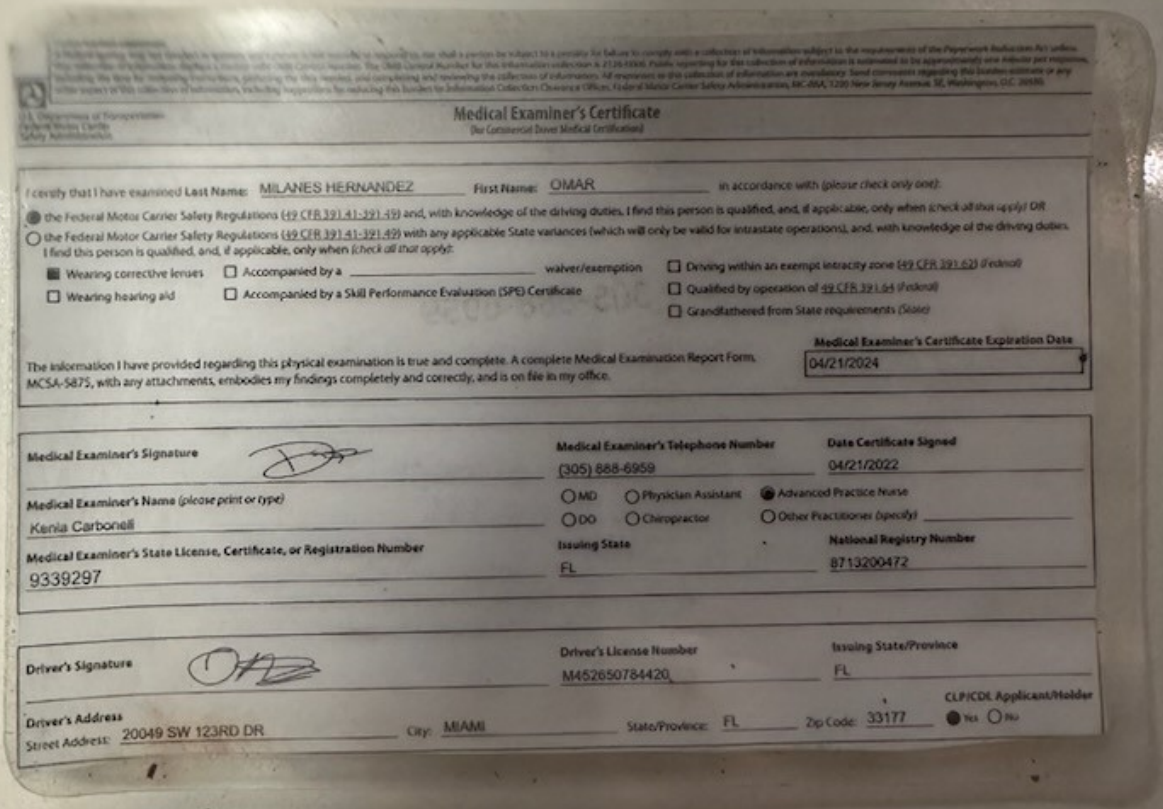

Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

I certify that I have examined **Last Name:** MILANES HERNANDEZ **First Name:** OMAR 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)*
- [ ] 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 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: 04/21/2024

Medical Examiner's Signature

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

Date Certificate Signed: 04/21/2022

Medical Examiner's Name *(please print or type)*: Kenia Carbonell

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

Medical Examiner's State License, Certificate, or Registration Number: 9339297

Issuing State: FL

National Registry Number: 8713200472

Driver's Signature

Driver's License Number: M452650784420

Issuing State/Province: FL

Driver's Address
Street Address: 20049 SW 123RD DR City: MIAMI State/Province: FL Zip Code: 33177

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