



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

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

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I certify that I have examined Last Name: Oraya First Name: Juan C. 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 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

11/10/2024

Medical Examiner's Signature [Signature] Date Certificate Signed 11/10/2022

Medical Examiner's Name (please print or type) ANIA BENITEZ MD

Medical Examiner's State License, Certificate, or Registration Number ME 90842

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

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

Issuing State Florida National Registry Number 4590054559

Driver's Signature [Signature] Issuing State/Province FL

Driver's License Number A600423-63-227-1

Driver's Address 12025 SW 10th St City: Miami State/Province: FL Zip Code: 33184 CLP/CDL Applicant/Holder ☒ Yes ☐ No

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