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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: Fernandez First Name: Coonzo 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

11/17/2025

Medical Examiner's Signature

Medical Examiner's Telephone Number

703 365 0394

Date Certificate Signed

11/13/2023

Medical Examiner's Name (please print or type)

Dr. Flaviano Dazo D.N.P., F.N.P.-BC☐ MD ☐ Physician Assistant ☒ Advanced Practice Nurse
☐ DO ☐ Chiropractor ☐ Other Practitioner (specify)

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

0024167153

Issuing State

VA

National Registry Number

1999554615

Driver's Signature

Driver's License Number

T66109810

Issuing State/Province

VA

Driver's Address

Street Address: 5104 Woodmere DR APT 304

City:

CentrevilleState/Province: VA

Zip Code:

20120CLP/DL Applicant/Holder
☒ Yes ☐ No

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 **Dr. Flaviano Dazo**
(Nurse Practitioner)



Email



Website

Practice Business Name

old town manassas medical center

Address

9003 Church st. Manassas VA
20110 Manassas, VA 20110

Hours of Operation

m to fri 8:00-7:00 sat 8:00-3:00

National Registry Number

1999554615

Certification Date

07/19/2013

Distance

N/A

Business Phone

(703) 365-0397

Business Fax Number

7033650399

Business Email

info@manassasmedicalcenter.com

Business Website

www.manassasmedicalcenter.com

