

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

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

I certify that I have examined **Last Name:** Navarro Gonzalez **First Name:** Carlos 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
5/31/2025

Medical Examiner's Signature
[Signature]

Medical Examiner's Name (please print or type)
Tatiana Cardanuc

Medical Examiner's State License, Certificate, or Registration Number
11296

Medical Examiner's Telephone Number
770-974-3911

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

Issuing State
GA

National Registry Number
☒ 8289459509

Date Certificate Signed
5/31/2023

Driver's Signature
[Signature]


Driver's Address
Street Address: 1992 Hedgebrook Rd City: Acworth State/Province: GA Zip Code: 30101

Driver's License Number
059942820

Issuing State/Province
GA

CLP/CDL Applicant/Holder
☒ Yes ☐ No





Search Medical Examiners

City, State or Zipcode

10 Miles

National Registry Number

Business Name

8289459509

First Name

Last Name

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Tatiana Cardaniuc (Physician Assistant)

Peachtree Immediate Care

3540 Cobb Pkwy NW Acworth, GA 30101

(770) 974-3911 N/A [Directions](#)

