

Public Burden Statement

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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: Campanioni Gonzalez First Name: Dayton 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 ☐ 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

4/19/2025

Medical Examiner's Signature

Medical Examiner's Telephone Number

(702) 840-7899

Date Certificate Signed

4/19/2024

Medical Examiner's Name (please print or type)

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

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

APRN002413

Issuing State

NV

National Registry Number

4801414508

Driver's Signature

Driver's License Number

C515-160-85-217-0

Issuing State/Province

FL


Driver's Address

Street Address: 11901 Colony Lakes Blvd City: New Port Richey State/Province: FL Zip Code: 34654


CLP/CDL Applicant/Holder

☒ Yes ☐ No

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Search Medical Examiners

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10 Miles

National Registry Number

Business Name

4801414508

First Name

Last Name


Basic Search



Search

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