

Medical Examiners Certificate
(for Commercial Driver Medical Certification)

Form MCSA-5876 OMB No. 2126-0006
Expiration Date 12/31/2024 Rev. 1/5/2022

I certify that I have Examined Last Name: ADZANONTE
in accordance with (please check only one):

First Name: EVELIO

- ☒ 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 **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:
- | | | |
|--|--|---|
| <input type="checkbox"/> Wearing corrective lenses | <input type="checkbox"/> Accompanied by a _____ waiver/exemption | <input type="checkbox"/> Driving within a exempt intracity zone (49 CFR 391.62) |
| <input type="checkbox"/> Wearing hearing aid | <input type="checkbox"/> Accompanied by a Skill Performance Evaluation (SPE) Certificate | <input type="checkbox"/> Qualified by operation of 49 CFR 391.64 |
| | | <input type="checkbox"/> Grandfathered from State requirements |

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

10/31/2025

Medical Examiner's Signature: Dr. Robert Twaddell

Medical Examiner's Telephone Number: (910) 303-2690 Date Certificate Signed: 10/31/2023

Medical Examiner's Name: Dr. Robert Twaddell

☐ OMD ☐ Physician Assistant ☐ Advanced Practice Nurse ☐ DO ☒ Chiropractor ☐ Other

Medical Examiner's State License, Certificate, or Registration Number: 2347

Issuing State: North Carolina

National Registry Number: 7764707923

Driver's Signature: _____

Driver's License Number: _____ Issuing State: _____

Driver's Address


CLP/CDL Applicant/Holder

Street Address: _____

City: _____ State: _____ Zip Code _____

☒ Yes ☐ No









Search Medical Examiners

National Registry Number Business Name

First Name Last Name

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 **Dr. Robert Twaddell (Doctor Of Chiropractic)**
 Fayetteville DOT Exams / Occ Med
1332 Bragg Blvd \$95 CDL / DOT
Exams Fayetteville, NC 28301
 (910) 303-2690  N/A [Directions](#)

