

## 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: Navarro First Name: Joseph

☒ 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  
☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate

- ☐ Driving within an exempt intracity zone (49 CFR 391.62) (Federal)  
☐ 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: 7/13/24

Medical Examiner's Signature: [Signature]

Medical Examiner's Name (please print or type): John V. Kahl

Medical Examiner's State License, Certificate, or Registration Number: 7848

Medical Examiner's Telephone Number: 706 827 8179

Date Certificate Signed: 7/13/22

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

Issuing State: FL

National Registry Number: 235676829

Driver's Signature: [Signature]

Driver's Address: 20670 Gussie St

Street Address: City: CUAC

Driver's License Number: NE 3474073900

Issuing State/Province: FL

State/Province: FL

Zip Code: 33189

CLP/CDL Applicant: ☐ Yes ☐ No

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negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure. This information is no longer required to be maintained by regulatory requirements.