

Form MCSA-5875

DMR No: 2126-0006 Expiration Date: 03/31/2025

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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: KALAFATIS First Name: EMMANOUIL 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 intrastate 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

04/16/2024

Medical Examiner's Signature

Gabriela Harrison

Medical Examiner's Telephone Number

352-888-4449

Date Certificate Signed

04/16/2022

Medical Examiner's Name (please print or type)

Gabriela Harrison PA-C

☐ MD ☒ Physician Assistant ☐ Advanced Practice Nurse

☐ DO ☐ Chiropractor ☐ Other Practitioner (specify): _____

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

PA9102367

Issuing State

Florida

National Registry Number

2250866125

Driver's Signature

E. Kalafatis

Driver's License Number

K413204793471

Issuing State/Province

FL

Driver's Address

Street Address: 2630 Marina Bay Drive E

City: Fort Lauderdale

State/Province: FL

Zip Code: 33312

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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Rev 3/29/2022



 **Ms. GABRIELA HARRISON**
(Physician Assistant)



Email



Website

Practice Business Name

CARESPOT

Address

3581 SW Archer Road # 40 Gainesville, FL 32608

Hours of Operation

-

National Registry Number

2250986125

Certification Date

05/21/2019

Distance

N/A

Business Phone

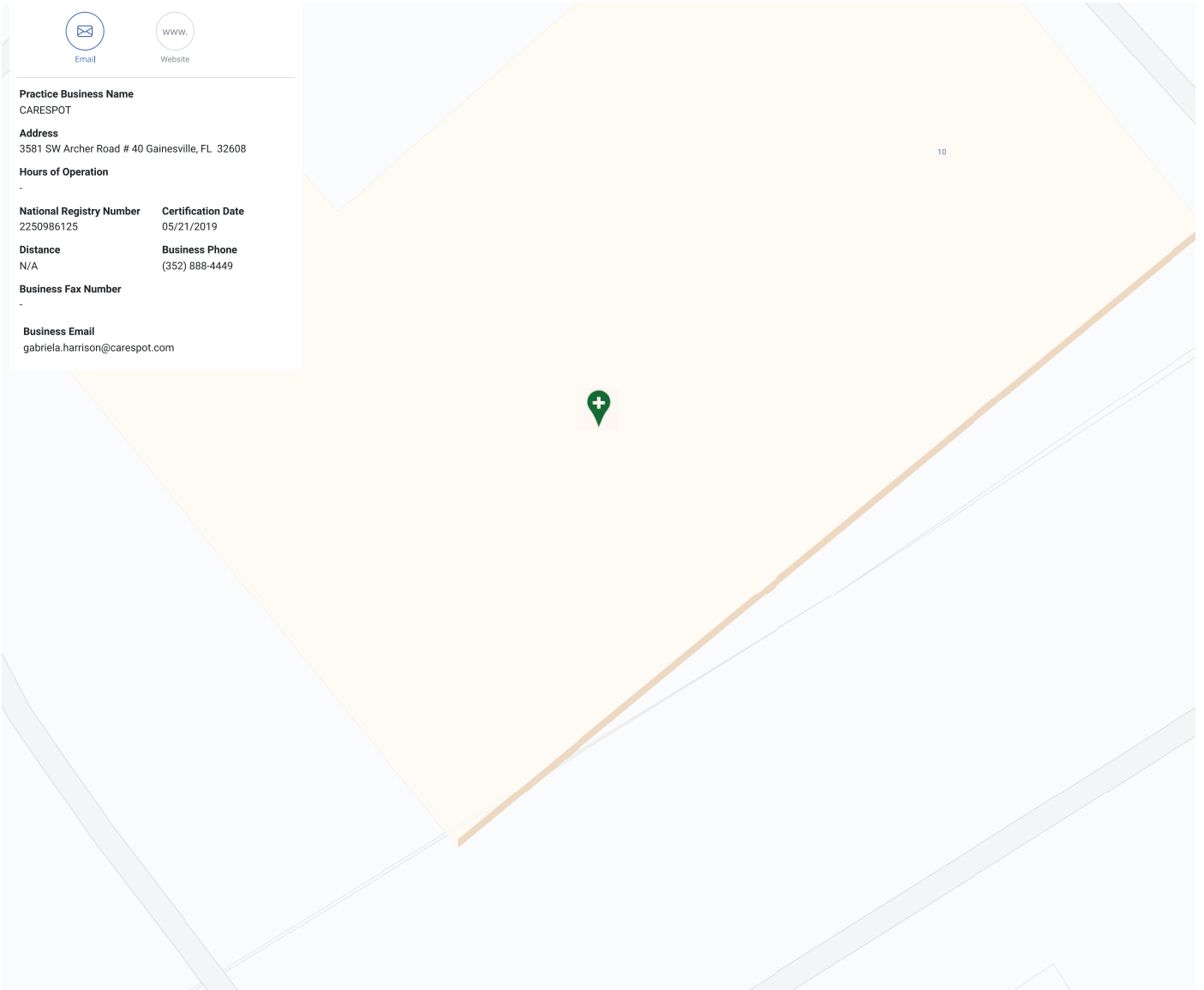
(352) 888-4449

Business Fax Number

-

Business Email

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U.S. DEPARTMENT OF TRANSPORTATION

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