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

Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

13230626626475

CMV DRIVER CERTIFICATION

I certify that I have examined Last Name: MODICA JR First Name: CARL 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

6/26/2025

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature

Medical Examiner's Name (please print or type)

NANCY BEDNAREK

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

277000935

Medical Examiner's Telephone Number

(708) 546-0551

Date Certificate Signed

6/26/2023

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

Issuing State

IL

National Registry Number

5396823207

CMV DRIVER INFORMATION

Driver's Signature

Driver's License Number

A3795707

Issuing State/Province

CA

Driver's Address

Street Address: 8646 CONVERSE

City: SAN DIEGO

State/Province: CA

Zip Code: 92123

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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FMCSA

Federal Motor Carrier Safety Administration



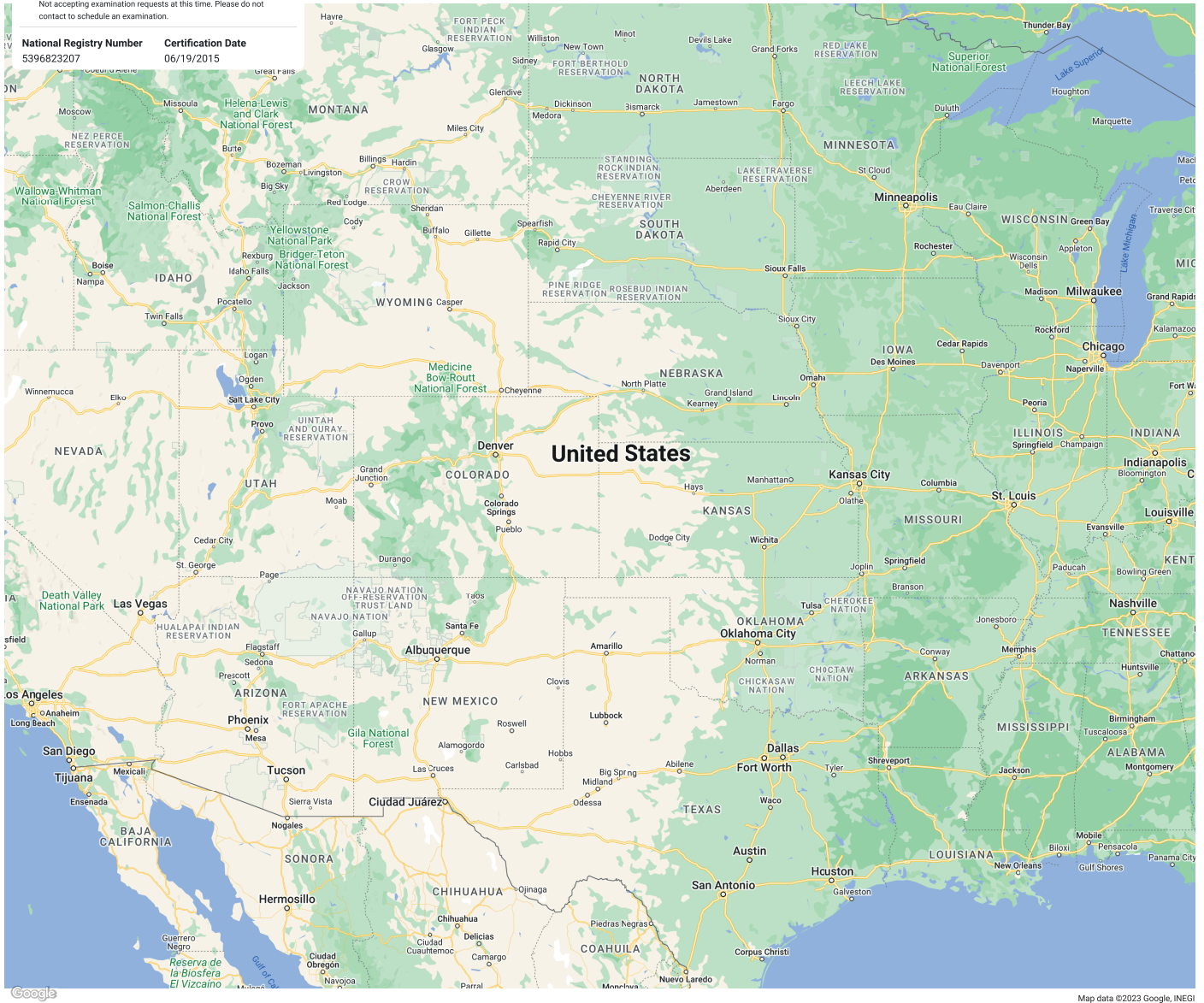
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 Ms. Nancy Bednarek
(Nurse Practitioner)

Not accepting examination requests at this time. Please do not contact to schedule an examination.

National Registry Number 5396823207
Certification Date 06/19/2015



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U.S. DEPARTMENT OF TRANSPORTATION

Federal Motor Carrier Safety Administration

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