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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: CREANGA** **First Name: CATALIN** 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  
**5/6/2022**

**Medical Examiner's Signature**

*Linsey N Tomaro*

**Medical Examiner's Telephone Number**

(425) 291-3300

**Date Certificate Signed**

5/6/2020

**Medical Examiner's Name (please print or type)**

Linsey N Tomaro

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

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

PA60987916

**Issuing State**

WA

**National Registry Number**

7346212530

**Driver's Signature**

*Catalin Creanga*

**Driver's License Number**

CREANC\*107KF

**Issuing State/Province**

WA

**Driver's Address**

Street Address: 10303 20TH ST E City: EDGEWOOD

State/Province: WA Zip Code: 98372  Yes  No

CLP/CDL Applicant/Holder

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