Public Burden Statement
A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 12.26-0006. Public reporting for this collection of information is estimated to be approximately 1 minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing his burden status are any other aspect of this collection of information are mandatory. Send comments regarding this burden status are any other aspect of this collection of information, including suggestions foxgeducing this burden to: Information Collection Celevance Officer, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

Medical Examiner's Certificate
(for Commercial Driver Medical Certification)

certify that I have examined Last Name: CREANGA First Name: CATAL	IN in accordance with (please che	ck only one):	
the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State valid this person is qualified, and, if applicable, only when (check all that apply):	riances (which will only be valid for intrasta	ate operations), and, with knowledge of the driving duties	
☐ Wearing corrective lenses ☐ Accompanied by a			
Wearing hearing aid Accompanied by a Skill Performance Evaluation (SPE) Cer	Grandfathered from State re		
The information I have provided regarding this physical examination is true and complete. A compl MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in		Medical Examiner's Certificate Expiration Date 5/6/2022	
Medical Examiner's Signature	Medical Examiner's Telephone Number (425) 291-3300	Date Certificate Signed	
	(120/2010000	O/O/LOLO	
Medical Examiner's Name (please print or type)	OMD Physician Assistant	Advanced Practice Nurse	
Linsey N Tomaro	○ MD) Advanced Practice Nurse) Other Practitioner (specify)	
	OMD Physician Assistant	Advanced Practice Nurse	
Linsey N Tomaro Medical Examiner's State License, Certificate, or Registration Number	MD Physician Assistant C DO Chiropractor Issuing State	Advanced Practice Nurse Other Practitioner (specify) National Registry Number	
Linsey N Tomaro Medical Examiner's State License, Certificate, or Registration Number	MD Physician Assistant C DO Chiropractor Issuing State	Advanced Practice Nurse Other Practitioner (specify) National Registry Number	
Linsey N Tomaro Medical Examiner's State License, Certificate, or Registration Number PA60987916	MD Physician Assistant DO Chiropractor Issuing State WA Driver's License Number	National Registry Number 7346212530	
Linsey N Tomaro Medical Examiner's State License, Certificate, or Registration Number PA60987916	MD Physician Assistant C DO Chiropractor C Issuing State WA	National Registry Number 7346212530 Issuing State/Province	

This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information applications by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.

A Foderal agency may not conflect or that conflect on that conflection of information displays including the sine for evidencing index outside agency of this collection of information and including the sine for evidencing index of the sollection of information of the collection of information of the collection of information.	sponsor, and a pimon is not required to respond to, rive shall a a a curiner shift ONTO Control Naviber. The OMS Control Number strons, spellings in delate needed and completeling and relate shifton, secluding suggestions for reducing this battler so, index	person be subject to a penalty for failure for this information collection is 21,06- mg the collection of information, All ras indoor Collection Clearance Office, Fee	To comply with a collection 604. Public reporting the ti- sonper to this collection of a real factor Commercial.	n of information subject to the requirements of the Fuperwork Reduction Action or collection of information is extensively to be appreciationally if moving per near collection and informationally "free distances regarding this burder estimate or address of the collection of the collection of the collection of the collection their statute, AC 2004, (2004) the long statute of the collection of 2004.
Perfectal Micros Carrier Safety Administration	Med	dical Examiner's Certific or Commercial Driver Medical Certification	oto	ameringungon, Mil., 1994, 1700 New Jersey Avenue, St. Hacklergton, G.C. 10590.
I certify that I have examined Last N the Federal Motor Carrier Safety F	leculations (40 CER 201 41		ccordance with (piece	
I find this person is qualified, and, Wearing corrective fenses Wearing hearing aid	egulations (4 <u>6</u> CFR 391.41.381.45) with any appli if applicable, only when (Aeck all mor apply). Accompanied by a Accompanied by a Skill Performance Evaluat	_waiver/exemption	ving within an exemp	alified, and, if applicable, only when source of the copy). OR frastate operations), and, with knowledge of the driving dut pt intractly sone (49 CFR 391 62) decimp) of 49 CFR 391 64 (relevant to requirements store)
The information I have provided rega- MCSA-S875, with any attachments em	eding this physical examination is true and compl abodies my findings completely and correctly, and	etc. A complete Medical Evam	nation Research	Medical Examiner's Certificate Expiration Dat
	or and correctly, and	d is on file in my office.	neuori neport rorm,	5/6/2022
Medical Examiner's Signature Anary Tonor		Medical Examin	ner's Telephone Nun	b/6/2022 The Date Certificate Signed
Medical Examiner's Signature Medical Examiner's Name (please pri LINSEY N TOMARO Medical Examiner's State License, Co	nt or type)	Medical Exami	ner's Telephone Nun	Date Certificate Signed .5/6/2020 .5/6/2020 .4dvanced Practice Name Other Practicioner (Ipped/s)
Medical Examiner's Signature Anay Tom Medical Examiner's Name (please pri Linsey N Tomaro	nt or type)	Medical Examin (425) 29	ner's Telephone Nun 1-3300 Trysician Assistant	inber Date Certificate Signed 5/6/2020 O Advanced Practice Name
Medical Examiner's Signature Medical Examiner's Name (please pri LINSEY N TOMARO Medical Examiner's State License, Co	nt of type) Trifficate, or Registration Number	Medical Examin (425) 29 MD DO Issuing State	L-3300 hysician Assistant hiropractor	b/6//2022 ther Oate Certificate Signed 5/6//2020 Advanced Practice Nume Other Practischer Nume National Registry Number