US Department of Transportation
Federal Motor Carrier Safety Administration

Medical Examiners Certificate

(for Commercial Driver Medical Certification)

Form MCSA-5876 OMB No. 2126-0006
Expiration Date 12/31/2024 Rev. 1/5/2022

I certify that I have Examined **Last Name:** Evans **First Name:** Antonio

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 **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:

[ ] Wearing corrective lenses [ ] Accompanied by a _____ waiver/exemption
[ ] Wearing hearing aid [ ] Accompanied by a Skill Performance Evaluation (SPE) Certificate
[ ] Driving within a exempt intracity zone (49 CFR 391.62)
[ ] Qualified by operation of 49 CFR 391.64
[ ] Grandfathered from State requirements

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 7/7/2024

Medical Examiner's Signature: Robert Twaddell DC **Date Certificate Signed:** 7/2/2022

Medical Examiner's Name: Dr. Robert Twaddell **Medical Examiner's Telephone Number:** (910) 303-2690

○ MD ○ Physician Assistant ○ Advanced Practice Nurse ○ DO ● Chiropractor ○ Other

Medical Examiner's State License, Certificate, or Registration Number: 2347 **Issuing State:** North Carolina **National Registry Number:** 7764707923

Driver's Signature: [signature] **Driver's License Number:** E152 0160920970 **Issuing State:** _____

Driver's Address

Street Address: 522 cypress trace dr **City:** Fayetteville **State:** NC **Zip Code** 28314

CLP/CDL Applicant/Holder ● Yes ○ No