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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:** Marshall **First Name:** Magi Juan 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

July 10, 2024

Medical Examiner's Signature

C. Nolan Stephens

Medical Examiner's Name (please print or type)

C. Nolan Stephens, D.C.

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

4889

Medical Examiner's Telephone Number

478-452-6162

Date Certificate Signed

July 10, 2023

☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse

☐ DO ☒ Chiropractor ☐ Other Practitioner (specify) \_\_\_\_\_

Issuing State

Georgia

National Registry Number

☒ 4797261101

Driver's Signature

Magi Marshall

Driver's License Number

050663028

Issuing State/Province

GA

Driver's Address

Street Address: 230 N. Pickens St. City: Milledgeville State/Province: GA Zip Code: 31061

CLP/CDL Applicant/Holder

☒ Yes ☐ No