

Cobb: 770-272-1660  
Douglasville: 678-483-0288  
Fulton Industrial: 404-696-9019  
Gwinnett: 770-255-0790  
Hapeville: 404-761-4040  
Macon: 478-746-9898



# CADUCEUS USA • EXAMS • TELEMED

medical due 6/10/24

McDonough: 678-902-0477  
Midtown: 404-607-7677  
Morrow: 770-302-6990  
Norcross: 770-300-9000  
North Fulton: 678-762-9494  
Tucker: 770-270-8112

## AUTHORIZATION FOR TREATMENT OR EXAMINATION

Patient's Name Brian Gipeen  
Date of Birth 5/26/92 Last 4 digits of SS# \_\_\_\_\_  
Company Name Millennium Trucking, Inc ☐ Job Site/Branch \_\_\_\_\_

\*\*If Authorized for Workers' Comp Injury please complete this section. Complete Billing and Authorizer's Info Section\*\*

Reminder: Please Contact Your Insurance Carrier to Report Injury

Date of Injury \_\_\_\_\_ ☐ Injury Type \_\_\_\_\_ ☐ Follow-Up ☐ Physical Therapy  
Insurance Carrier (Name and Phone #) \_\_\_\_\_  
Claim # (If patient is being treated for Injury): \_\_\_\_\_

### Physical Examination

☐ Pre-Employment ☐ Annual ☒ DOT ☐ RTW ☐ Agilities Testing  
☐ Post Offer ☐ Fitness for Duty ☐ Haz-Mat ☐ Respirator Clearance ☐ Other \_\_\_\_\_

### Substance Abuse Testing

☐ (DOT) Drug Screen Collection (specimen goes to lab) - DOT Agency: ☐ FMCSA ☐ FTA ☐ FAA ☐ FRA ☐ PHMSA ☐ USCG  
☐ 10 Panel Drug Screen Collection ☐ Breath Alcohol  
☐ (Non-DOT) 5-panel Collection (specimen goes to lab) ☐ Urine Drug Screen Collection Only ☐ Other \_\_\_\_\_  
☐ 5 Panel Express Test ☐ Hair Collection Only (Company Supplied Kit)  
☐ 10 Panel Express Test ☐ Hair Drug Screen (Caduceus Collection Kit and Mailer)

### Reason For Substance Abuse Testing

☐ Pre-Employment ☐ Reasonable Suspicion / Cause ☐ Post Accident ☐ Other \_\_\_\_\_  
☐ Random ☐ Return to Duty ☐ Post Incident/Driver Accident ☐ Follow-Up

### Special Requirements

☐ Audiogram ☐ Agility Test ☐ TB Screening ☐ Pulmonary Function Test (Spirometry)  
☐ Vision Screening ☐ X-Ray-Type: \_\_\_\_\_ ☐ EKG ☐ Respiratory Fit Test ☐ Silica Respiratory Exam  
☐ Titer(s) \_\_\_\_\_ ☐ Vaccination(s) \_\_\_\_\_ ☐ Other \_\_\_\_\_

Please note any Special Instructions: \_\_\_\_\_

### Billing Info (Required) After Hours Fee \$30

☐ Employer Paid ☐ Carrier Paid ☐ TPA ☐ Self-Pay (Employee Pays)

### (Required) Authorizer's Info - Please Print

Authorized by: Pam Lyle Title: Safety mgr  
Email Address: safety@millenniumflight.com  
Phone #: (770) 817-1790 Fax #: \_\_\_\_\_

☐ VERBAL AUTHORIZATION RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

DOT Physical only

**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 2126-0006. Public reporting for this collection of information is estimated to be approximately 25 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.



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

## Medical Examination Report Form

(for Commercial Driver Medical Certification)

**MEDICAL RECORD #**

(or sticker)

### SECTION 1. Driver Information (to be filled out by the driver)

#### PERSONAL INFORMATION

Last Name: Gipson First Name: Brian Middle Initial:      Date of Birth: 5-26-92 Age: 32  
 Street Address: 4055 Jonesboro RD City: Forest Park State/Province: GA ☒ Zip Code: 30297  
 Driver's License Number: 059887738 Issuing State/Province: GA ☒ Phone: 470372-2117  
 E-Mail (optional): briangipson102@gmail.com CLP/CDL Applicant/Holder\*: ☒ Yes ☐ No  
 Driver ID Verified By\*\*: CDL  
 Has your USDOT/FMCSA medical certificate ever been denied or issued for less than 2 years? ☐ Yes ☐ No ☒ Not Sure

\*CLP/CDL Applicant/Holder: See instructions for definitions.

\*\*Driver ID Verified By: Record what type of photo ID was used to verify the identity of the driver, e.g., CDL, driver's license, passport.

#### DRIVER HEALTH HISTORY

Have you ever had surgery? If "yes," please list and explain below.

☐ Yes ☒ No ☐ Not Sure

Are you currently taking medications (prescription, over-the-counter, herbal remedies, diet supplements)?  
If "yes," please describe below.

☐ Yes ☒ No ☐ Not Sure

(Attach additional sheets if necessary)

\*\*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 appropriately to prevent inadvertent disclosure 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.\*\*



Last Name: Gipson

First Name: Brian

DOB: 5/26/92

Exam Date: 6/3/24

DRIVER HEALTH HISTORY *(continued)*

| Do you have or have you ever had:  | Not                              |                                  |                       |   | Not                   |                                  |                       |
|--|----------------------------------|----------------------------------|-----------------------|---|-----------------------|----------------------------------|-----------------------|
|  | Yes                              | No                               | Sure                  |   | Yes                   | No                               | Sure                  |
| 1. Head/brain injuries or illnesses (e.g., concussion)                         | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/> | 16. Dizziness, headaches, numbness, tingling, or memory loss                            | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 2. Seizures/epilepsy   | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/> | 17. Unexplained weight loss   | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 3. Eye problems (except glasses or contacts)                                   | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/> | 18. Stroke, mini-stroke (TIA), paralysis, or weakness                                   | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 4. Ear and/or hearing problems   | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/> | 19. Missing or limited use of arm, hand, finger, leg, foot, toe                         | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 5. Heart disease, heart attack, bypass, or other heart problems                | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/> | 20. Neck or back problems   | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 6. Pacemaker, stents, implantable devices, or other heart procedures           | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/> | 21. Bone, muscle, joint, or nerve problems  | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 7. High blood pressure   | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/> | 22. Blood clots or bleeding problems  | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 8. High cholesterol  | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/> | 23. Cancer  | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 9. Chronic (long-term) cough, shortness of breath, or other breathing problems | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/> | 24. Chronic (long-term) infection or other chronic diseases                             | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 10. Lung disease (e.g., asthma)  | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/> | 25. Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 11. Kidney problems, kidney stones, or pain/problems with urination            | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/> | 26. Have you ever had a sleep test (e.g., sleep apnea)?                                 | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 12. Stomach, liver, or digestive problems                                      | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/> | 27. Have you ever spent a night in the hospital?  | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 13. Diabetes or blood sugar problems   | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/> | 28. Have you ever had a broken bone?  | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| Insulin used   | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/> | 29. Have you ever used or do you now use tobacco?                                       | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 14. Anxiety, depression, nervousness, other mental health problems             | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/> | 30. Do you currently drink alcohol?   | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 15. Fainting or passing out  | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/> | 31. Have you used an illegal substance within the past two years?                       | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
|  |                                  |                                  |                       | 32. Have you ever failed a drug test or been dependent on an illegal substance?         | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |

Other health condition(s) not described above: ☒ Yes ☐ No ☐ Not Sure

Gerd Acid Reflux

Did you answer "yes" to any of questions 1-32? If so, please comment further on those health conditions below: ☒ Yes ☐ No ☐ Not Sure

(Attach additional sheets if necessary)

CMV DRIVER'S SIGNATURE

I certify that the above information is accurate and complete. I understand that inaccurate, false or missing information may invalidate the examination and my Medical Examiner's Certificate, that submission of fraudulent or intentionally false information is a violation of 49 CFR 390.35, and that submission of fraudulent or intentionally false information may subject me to civil or criminal penalties under 49 CFR 390.37 and 49 CFR 386 Appendices A and B.

Driver's Signature: [Signature] Date: June-3-24

SECTION 2. Examination Report (to be filled out by the medical examiner)

DRIVER HEALTH HISTORY REVIEW

Review and discuss pertinent driver answers and any available medical records. Comment on the driver's responses to the "health history" questions that may affect the driver's safe operation of a commercial motor vehicle (CMV).

BP med - Don't take regularly  
probiotic for GERD

(Attach additional sheets if necessary)

Last Name: Gipson First Name: Brian DOB: 5-26-92 Exam Date: June-3-2024

## TESTING

Pulse Rate: 86 Pulse rhythm regular: ☒ Yes ☐ No

Height: 6 feet 4 inches Weight: 215 pounds

**Blood Pressure** Systolic Diastolic

Sitting 138 86

Second reading  
(optional)

Other testing if indicated

**Urinalysis**

Sp. Gr.

Protein

Blood

Sugar

Urinalysis is required.  
Numerical readings  
must be recorded.

1.010 15 + +

Protein, blood, or sugar in the urine may be an indication for further testing to rule out any underlying medical problem.

## Vision

Standard is at least 20/40 acuity (Snellen) in each eye with or without correction. At least 70° field of vision in horizontal meridian measured in each eye. The use of corrective lenses should be noted on the Medical Examiner's Certificate.

**Acuity** Uncorrected Corrected Horizontal Field of Vision

Right Eye: 20/ 15 Right Eye: 85 degrees

Left Eye: 20/ 15 Left Eye: 85 degrees

Both Eyes: 20/ 15

Yes No

Applicant can recognize and distinguish among traffic control signals and devices showing red, green, and amber colors

Monocular vision

Referred to ophthalmologist or optometrist?

Received documentation from ophthalmologist or optometrist?

## Hearing

Standard: Must first perceive whispered voice at not less than 5 feet OR average hearing loss of less than or equal to 40 dB, in better ear (with or without hearing aid).

Check if hearing aid used for test: ☐ Right Ear ☐ Left Ear ☒ Neither

## Whisper Test Results

Record distance (in feet) from driver at which a forced whispered voice can first be heard

Right Ear Left Ear

10ft 10ft

OR

## Audiometric Test Results

Right Ear:

Left Ear:

500 Hz 1000 Hz 2000 Hz 500 Hz 1000 Hz 2000 Hz

Average (right): \_\_\_\_\_ Average (left): \_\_\_\_\_

## PHYSICAL EXAMINATION

The presence of a certain condition may not necessarily disqualify a driver, particularly if the condition is controlled adequately, is not likely to worsen, or is readily amenable to treatment. Even if a condition does not disqualify a driver, the Medical Examiner may consider deferring the driver temporarily. Also, the driver should be advised to take the necessary steps to correct the condition as soon as possible, particularly if neglecting the condition could result in a more serious illness that might affect driving.

Check the body systems for abnormalities.

## Body System

1. General
2. Skin
3. Eyes
4. Ears
5. Mouth/throat
6. Cardiovascular
7. Lungs/chest

Normal Abnormal

☒ ☐  
☒ ☐  
☒ ☐  
☒ ☐  
☒ ☐  
☒ ☐  
☒ ☐

## Body System

8. Abdomen
9. Genito-urinary system including hernias NE
10. Back/spine
11. Extremities/joints
12. Neurological system including reflexes
13. Gait
14. Vascular system

Normal Abnormal

☒ ☐  
☒ ☐  
☒ ☐  
☒ ☐  
☒ ☐  
☒ ☐  
☒ ☐

Discuss any abnormal answers in detail in the space below and indicate whether it would affect the driver's ability to operate a CMV. Enter applicable item number before each comment.

(Attach additional sheets if necessary)



Last Name: GIPSON First Name: BRIAN DOB: 05/26/1992 Exam Date: 06/03/2024

**Please complete only one of the following (Federal or State) Medical Examiner Determination sections:**

**MEDICAL EXAMINER DETERMINATION (Federal)**

Use this section for examinations performed in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49):

- ☐ Does not meet standards (specify reason): \_\_\_\_\_
- ☐ Meets standards in 49 CFR 391.41; qualifies for 2-year certificate
- ☒ Meets standards, but periodic monitoring required (specify reason): HTN
- Driver qualified for: ☐ 3 months ☐ 6 months ☒ 1 year ☐ other (specify): \_\_\_\_\_
- ☒ Wearing corrective lenses ☐ Wearing hearing aid ☐ Accompanied by a waiver/exemption (specify type): \_\_\_\_\_
- ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate
- ☐ Driving within an exempt Intracity zone (see 49 CFR 391.62) (Federal)
- ☐ Determination pending (specify reason): \_\_\_\_\_
- ☐ Return to medical exam office for follow-up on (must be 45 days or less): \_\_\_\_\_
- ☐ Medical Examination Report amended (specify reason): \_\_\_\_\_
- (if amended) Medical Examiner's Signature: RC Date: 06/03/2024
- ☐ Incomplete examination (specify reason): \_\_\_\_\_

**If the driver meets the standards outlined in 49 CFR 391.41, then complete a Medical Examiner's Certificate as stated in 49 CFR 391.43(h), as appropriate.**

I have performed this evaluation for certification. I have personally reviewed all available records and recorded information pertaining to this evaluation, and attest that, to the best of my knowledge, I believe it to be true and correct.

Medical Examiner's Signature: RC

Dr. Robin Armenia DO

Medical Examiner's Name (please print or type): \_\_\_\_\_

Medical Examiner's Address: 1580 BOGGS ROAD SUITE 700 City: DULUTH State: GA Zip Code: 30096

Medical Examiner's Telephone Number: 770-255-0790 Date Certificate Signed: 06/03/2024

Medical Examiner's State License, Certificate, or Registration Number: 35807 Issuing State: GA

☐ MD ☒ DO ☐ Physician Assistant ☐ Chiropractor ☐ Advanced Practice Nurse

☐ Other Practitioner (specify): \_\_\_\_\_

National Registry Number: 3582456048

Medical Examiner's Certificate Expiration Date: 06/03/2025

# Obstructive Sleep Apnea (OSA) Assessment Form

## Caduceus USA-TeleMed-Exams 10/10/21

Name: Brian Cipson

Date: June 3-24

HT 76 WT 215 BP 138/86 BMI 25

Disqualify if yes to any of the following:

- Y ☒ Excessive sleepiness while driving  
 Y ☒ MVA related to falling asleep  
 Y ☒ Stimulant medication for wakefulness  
 Y ☒ OSA: noncompliant with CPAP  
 Y ☒ OSA: no CPAP compliance report  
 Y ☒ Epworth Sleepiness Scale Total > 10

### Epworth Sleepiness Scale

What is your chance of dosing off in the following situations? (None 0, Slight 1, Moderate 2, High 3)

- ☒ Sitting and reading  
☒ Watching TV  
☒ Sitting inactive in a public place (i.e., meeting, theatre)  
☒ As a passenger in a car for an hour without a break  
☒ Lying down to rest in the afternoon when time permits  
☒ Sitting and talking to someone  
☒ Sitting quietly after lunch without alcohol  
☒ In a car, while stopped for a few minutes in traffic  
☒ Total (add points)

Provide 3 month card pending a sleep study if BMI is  $\geq 40$ , or

BMI is  $\geq 35$  AND 2 of the following:

- ☐ Hypertension  
☐ Type 2 diabetes  
☐ Stroke, CAD, arrhythmias  
☐ Loud snoring  
☐ Found sleeping in exam/waiting room  
☒ Neck size  $\geq 17$ " for males  
☐ Neck size  $\geq 15.5$ " for female

### Body Mass Index (BMI) Chart for Adults

☐ Obese ( $\geq 30$ ) ☐ Overweight (25-30) ☐ Normal (18.5-25) ☐ Underweight ( $< 18.5$ )

HEIGHT in feet/inches and centimeters

| WEIGHT      | 4'8"  | 4'9" | 4'10" | 4'11" | 5'0" | 5'1" | 5'2" | 5'3" | 5'4" | 5'5" | 5'6" | 5'7" | 5'8" | 5'9" | 5'10" | 5'11" | 6'0" | 6'1" | 6'2" | 6'3" | 6'4" | 6'5" |
|-------------|-------|------|-------|-------|------|------|------|------|------|------|------|------|------|------|-------|-------|------|------|------|------|------|------|
| lbs (kg)    | 142cm | 147  | 150   | 152   | 155  | 157  | 160  | 163  | 165  | 168  | 170  | 173  | 175  | 178  | 180   | 183   | 185  | 188  | 191  | 193  | 196  | 199  |
| 260 (117.9) | 58    | 56   | 54    | 53    | 51   | 49   | 48   | 46   | 45   | 43   | 42   | 41   | 40   | 38   | 37    | 36    | 35   | 34   | 33   | 32   | 31   | 30   |
| 255 (115.7) | 57    | 55   | 53    | 51    | 50   | 48   | 47   | 45   | 44   | 42   | 41   | 40   | 39   | 38   | 37    | 36    | 35   | 34   | 33   | 32   | 31   | 30   |
| 250 (113.4) | 56    | 54   | 52    | 50    | 49   | 47   | 46   | 44   | 43   | 42   | 40   | 39   | 38   | 37   | 36    | 35    | 34   | 33   | 32   | 31   | 30   | 29   |
| 245 (111.1) | 55    | 53   | 51    | 49    | 48   | 46   | 45   | 43   | 42   | 41   | 40   | 39   | 38   | 37   | 36    | 35    | 34   | 33   | 32   | 31   | 30   | 29   |
| 240 (108.9) | 54    | 52   | 50    | 48    | 47   | 45   | 44   | 43   | 41   | 40   | 39   | 38   | 37   | 36   | 35    | 34    | 33   | 32   | 31   | 30   | 29   | 28   |
| 235 (106.5) | 53    | 51   | 49    | 47    | 46   | 44   | 43   | 42   | 40   | 39   | 38   | 37   | 36   | 35   | 34    | 33    | 32   | 31   | 30   | 29   | 28   | 27   |
| 230 (104.3) | 52    | 50   | 48    | 46    | 45   | 43   | 42   | 41   | 39   | 38   | 37   | 36   | 35   | 34   | 33    | 32    | 31   | 30   | 29   | 28   | 27   | 26   |
| 225 (102.1) | 50    | 49   | 47    | 45    | 44   | 43   | 41   | 40   | 39   | 37   | 36   | 35   | 34   | 33   | 32    | 31    | 30   | 29   | 28   | 27   | 26   | 25   |
| 220 (99.8)  | 49    | 48   | 46    | 44    | 43   | 42   | 40   | 39   | 38   | 37   | 36   | 35   | 34   | 33   | 32    | 31    | 30   | 29   | 28   | 27   | 26   | 25   |
| 215 (97.5)  | 48    | 47   | 45    | 43    | 42   | 41   | 39   | 38   | 37   | 36   | 35   | 34   | 33   | 32   | 31    | 30    | 29   | 28   | 27   | 26   | 25   | 24   |
| 210 (95.3)  | 47    | 45   | 44    | 42    | 41   | 40   | 38   | 37   | 36   | 35   | 34   | 33   | 32   | 31   | 30    | 29    | 28   | 27   | 26   | 25   | 24   | 23   |
| 205 (93.0)  | 46    | 44   | 43    | 41    | 40   | 39   | 37   | 36   | 35   | 34   | 33   | 32   | 31   | 30   | 29    | 28    | 27   | 26   | 25   | 24   | 23   | 22   |
| 200 (90.7)  | 45    | 43   | 42    | 40    | 39   | 38   | 37   | 35   | 34   | 33   | 32   | 31   | 30   | 29   | 28    | 27    | 26   | 25   | 24   | 23   | 22   | 21   |
| 195 (88.5)  | 44    | 42   | 41    | 39    | 38   | 37   | 36   | 35   | 33   | 32   | 31   | 30   | 29   | 28   | 27    | 26    | 25   | 24   | 23   | 22   | 21   | 20   |
| 190 (86.2)  | 43    | 41   | 40    | 38    | 37   | 36   | 35   | 34   | 33   | 32   | 31   | 30   | 29   | 28   | 27    | 26    | 25   | 24   | 23   | 22   | 21   | 20   |
| 185 (83.9)  | 41    | 40   | 39    | 37    | 36   | 35   | 34   | 33   | 32   | 31   | 30   | 29   | 28   | 27   | 26    | 25    | 24   | 23   | 22   | 21   | 20   | 19   |
| 180 (81.6)  | 40    | 39   | 38    | 36    | 35   | 34   | 33   | 32   | 31   | 30   | 29   | 28   | 27   | 26   | 25    | 24    | 23   | 22   | 21   | 20   | 19   | 18   |
| 175 (79.4)  | 39    | 38   | 37    | 35    | 34   | 33   | 32   | 31   | 30   | 29   | 28   | 27   | 26   | 25   | 24    | 23    | 22   | 21   | 20   | 19   | 18   | 17   |
| 170 (77.1)  | 38    | 37   | 36    | 34    | 33   | 32   | 31   | 30   | 29   | 28   | 27   | 26   | 25   | 24   | 23    | 22    | 21   | 20   | 19   | 18   | 17   | 16   |
| 165 (74.8)  | 37    | 36   | 34    | 33    | 32   | 31   | 30   | 29   | 28   | 27   | 26   | 25   | 24   | 23   | 22    | 21    | 20   | 19   | 18   | 17   | 16   | 15   |
| 160 (72.6)  | 36    | 35   | 33    | 32    | 31   | 30   | 29   | 28   | 27   | 26   | 25   | 24   | 23   | 22   | 21    | 20    | 19   | 18   | 17   | 16   | 15   | 14   |
| 155 (70.3)  | 35    | 34   | 32    | 31    | 30   | 29   | 28   | 27   | 26   | 25   | 24   | 23   | 22   | 21   | 20    | 19    | 18   | 17   | 16   | 15   | 14   | 13   |
| 150 (68.0)  | 34    | 32   | 31    | 30    | 29   | 28   | 27   | 26   | 25   | 24   | 23   | 22   | 21   | 20   | 19    | 18    | 17   | 16   | 15   | 14   | 13   | 12   |
| 145 (65.8)  | 33    | 31   | 30    | 29    | 28   | 27   | 26   | 25   | 24   | 23   | 22   | 21   | 20   | 19   | 18    | 17    | 16   | 15   | 14   | 13   | 12   | 11   |
| 140 (63.5)  | 31    | 30   | 29    | 28    | 27   | 26   | 25   | 24   | 23   | 22   | 21   | 20   | 19   | 18   | 17    | 16    | 15   | 14   | 13   | 12   | 11   | 10   |
| 135 (61.2)  | 30    | 29   | 28    | 27    | 26   | 25   | 24   | 23   | 22   | 21   | 20   | 19   | 18   | 17   | 16    | 15    | 14   | 13   | 12   | 11   | 10   | 9    |
| 130 (59.0)  | 29    | 28   | 27    | 26    | 25   | 24   | 23   | 22   | 21   | 20   | 19   | 18   | 17   | 16   | 15    | 14    | 13   | 12   | 11   | 10   | 9    | 8    |
| 125 (56.7)  | 28    | 27   | 26    | 25    | 24   | 23   | 22   | 21   | 20   | 19   | 18   | 17   | 16   | 15   | 14    | 13    | 12   | 11   | 10   | 9    | 8    | 7    |
| 120 (54.4)  | 27    | 26   | 25    | 24    | 23   | 22   | 21   | 20   | 19   | 18   | 17   | 16   | 15   | 14   | 13    | 12    | 11   | 10   | 9    | 8    | 7    | 6    |
| 115 (52.2)  | 26    | 25   | 24    | 23    | 22   | 21   | 20   | 19   | 18   | 17   | 16   | 15   | 14   | 13   | 12    | 11    | 10   | 9    | 8    | 7    | 6    | 5    |
| 110 (49.9)  | 25    | 24   | 23    | 22    | 21   | 20   | 19   | 18   | 17   | 16   | 15   | 14   | 13   | 12   | 11    | 10    | 9    | 8    | 7    | 6    | 5    | 4    |
| 105 (47.5)  | 24    | 23   | 22    | 21    | 20   | 19   | 18   | 17   | 16   | 15   | 14   | 13   | 12   | 11   | 10    | 9     | 8    | 7    | 6    | 5    | 4    | 3    |
| 100 (45.4)  | 22    | 22   | 21    | 20    | 19   | 18   | 17   | 16   | 15   | 14   | 13   | 12   | 11   | 10   | 9     | 8     | 7    | 6    | 5    | 4    | 3    | 2    |
| 95 (43.1)   | 21    | 21   | 20    | 19    | 18   | 17   | 16   | 15   | 14   | 13   | 12   | 11   | 10   | 9    | 8     | 7     | 6    | 5    | 4    | 3    | 2    | 1    |
| 90 (40.8)   | 20    | 19   | 18    | 17    | 16   | 15   | 14   | 13   | 12   | 11   | 10   | 9    | 8    | 7    | 6     | 5     | 4    | 3    | 2    | 1    | 0    | 0    |
| 85 (38.5)   | 19    | 18   | 17    | 16    | 15   | 14   | 13   | 12   | 11   | 10   | 9    | 8    | 7    | 6    | 5     | 4     | 3    | 2    | 1    | 0    | 0    | 0    |
| 80 (36.3)   | 18    | 17   | 16    | 15    | 14   | 13   | 12   | 11   | 10   | 9    | 8    | 7    | 6    | 5    | 4     | 3     | 2    | 1    | 0    | 0    | 0    | 0    |

Note: BMI values rounded to the nearest whole number. BMI categories based on CDC (Centers for Disease Control and Prevention) criteria.  
 www.vertex42.com BMI = Weight(kg) / (Height(m) x Height(m)) = 703 x Weight(lb) / (Height(in) x Height(in)) © 2009 Vertex42 LLC



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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:** GIPSON **First Name:** BRIAN 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 ☐ 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**06/03/2025**Medical Examiner's Signature****Medical Examiner's Telephone Number**770-255-0790**Date Certificate Signed**06/03/2024**Medical Examiner's Name (please print or type)**Dr. Robin Armenia DO☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse☒ DO ☐ Chiropractor ☐ Other Practitioner (specify) \_\_\_\_\_**Medical Examiner's State License, Certificate, or Registration Number**35807**Issuing State**GA**National Registry Number**3582456048**Driver's Signature****Driver's License Number**059887938**Issuing State/Province**GA**Driver's Address**

Street Address: 4035 JONESBORO RD STE 240 City: FOREST PARK State/Province: GA Zip Code: 30297

**CLP/CDL Applicant/Holder**☒ Yes ☐ No



CADUCEUS USA • EXAMS • TELEMED

## Authorization for the Use and Disclosure of Protected Health Information

1. I hereby authorize Caduceus USA to use and disclose protected health information from the record(s) of:

Patient's Name: Brian Gipsen  
Address: 4085 Jonesboro Road suite 240 Forest Park GA 30091  
Date of Birth: 5-26-92

2. Copies of the following records shall be used and disclosed.

3. I understand that information or copies of the records indicated above will be:

A. Used by members of Caduceus USA; and

B. Communicated to (Name of Employer/Individual):

Name:

Address: 370 Six Flags Pkwy Mableton GA

City: Mableton State: GA Zip Code: \_\_\_\_\_

Fax #: \_\_\_\_\_

Confirmation telephone #: 470-257-2504

C. Communicated to other appropriate people involved in the processing of my claim(s), such as case managers and adjusters.

4. I understand that to the extent any Recipient of this information, as identified above, is not a "Covered Entity" under Federal law, the information may no longer be protected by Federal privacy law once it is disclosed to the Recipient and, therefore, may be subject to re-disclosure by the Recipient.

5. I understand that I may revoke this authorization in writing at any time except to the extent that Caduceus USA has already relied on this authorization. I understand that I may revoke this authorization by sending or faxing a written notice stating my intent to revoke this authorization to:

Clinic: Caduceus USA - Gwinnett

Clinic Address: 1580 Boggs Rd, Ste 700

City: Duluth State: GA Zip Code: 30096

Fax: (770)302-6990

6. Unless otherwise revoked, I understand that the specific date or event upon which this authorization expires is \_\_\_\_\_, (one year from date of service).

7. I understand that Caduceus USA may not condition my treatment based on my completion of this authorization form except when the provision of healthcare is solely for the purpose of creating protected health information for disclosure to a third party. For example, Caduceus USA may have a contract with a third party (e.g. employer) to provide fitness for duty exams. Caduceus USA may refuse to conduct the exam if you do not sign this authorization to permit Caduceus USA to release the applicable results of the exam to the employer.

Signature of Patient or Patient's Personal Representative:

Date: June 13-24

Print Patient Name of Signature Above: Brian Gipsen

Representative's Authority to Act for Patient: \_\_\_\_\_





# GEORGIA

DRIVER'S LICENSE

## COMMERCIAL DRIVER'S LICENSE

CDL



USA  
GA

Governor: *B. Perdue*

4d DL NO. **059887938** 3 DOB **05/26/1992**

9 CLASS **A**

4b EXP **05/26/2025**

2 **BRIAN**

1 **GIPSON**

8 **4035 JONESBORO RD STE 240  
FOREST PARK, GA 30297-1090  
CLAYTON**

12 REST **B**

9a END **N**

4a ISS **05/14/2024**

15 SEX **M**

18 EYES **BLK**

16 HGT **6'-03"**

17 WGT **190 lb**

**05/26/1992**

5 DD **563694900650020000**

Commissioner: *Spencer R. Moore*



*Brian Gipson*

10

*Brian Gipson*

3.30