Form MCSA-1876

Medical Exam Completed

A Driver's physical examination conducted by a physician, physician's assistant, advanced practice nurse, or chiropractor who is a licensed medical examiner in accordance with the requirements of the Federal Motor Carrier Safety Administration (FMCSA) Regulations, 49 CFR Part 391, Subpart E, and who is registered with the FMCSA National Registry of Medical Examiners. The FMCSA National Registry of Medical Examiners is a database of certified medical examiners who have met the qualifications and training requirements for conducting medical examinations of commercial motor vehicle drivers. All examinations must be conducted in accordance with the Federal Motor Carrier Safety Administration's (FMCSA) Medical Examiner's Handbook (MEH), Office of Bus Safety Compliance, Office of Medical Review, Carrier Safety Administration, MC-MSR, 1200 New Jersey Avenue, SE, Washington, DC 20590.

Either there is no disease or disorder of a clinical nature or functional nature that would adversely affect the driver's safe operation of a commercial motor vehicle (CMV) during the period of time for which the medical certificate is valid, or the driver has been evaluated and found to be medically qualified to operate a CMV safely.

Medical Examiner's Certificate

(In Accordance with Federal Motor Carrier Safety Regulations)

I certify that I have examined **Last Name:** Dyer **First Name:** Prentiss 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 in compliance with the following:

☐ 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 in compliance with:

☐ Wearing corrective lenses ☐ Accompanied by a _____ waiver/exemption ☐ Driving within an exempt intracity zone (49 CFR 391.62) Federal

☐ Hearing/Speaking aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.64 "Grandfather"

☐ Qualified/Granted from State requirements (state)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-1875, with any other findings, completed by me, is on file in my office.

Medical Examiner's Certificate Expiration Date: 1/28/25

Medical Examiner's Signature: [signature]

Medical Examiner's Telephone Number: (855) 781-8668

Date Certificate Issued: 1/28/23

Medical Examiner's Name (please print or type): Dr. LTMelvin Bledsoe

☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse

☐ DO ☒ Chiropractor ☐ Other Practitioner (specify) _____

Medical Examiner's State License, Certificate, or Registration Number: C108011100

Issuing State: Georgia

National Registry Number: 1318966714

Driver's Signature: [signature]

Driver's License Number: 051493554

Issuing State/Province:

Driver's Address Street Address: 7159 Tanger Blvd City: Riverdale State/Province: GA Zip Code: 30296 CDL/CDL Applicant/Holder ☒ Yes ☐ No

"The information provided on this form is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure. Destroying the document or, under the control of authorized persons, Properly dispose of the document when no longer required to be maintained by regulatory requirements."

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