Form MCSA-5876

OMB No.: 2126-0044 Expiration Date: 03/31/2025

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

# MEDICAL EXAMINER'S CERTIFICATE

(for Commercial Driver Medical Certification)

## CMV DRIVER CERTIFICATION

I certify that I have examined (first name) Henry (last name) Tyler in accordance with guidance (check only one):

(●) the Federal Motor Carrier Safety Regulations (49 CFR 391.41–391.49) and, to the knowledge of the driver, doctor, find this person is qualified, and, if applicable, only when/check all that apply: Gift

( ) the Federal Motor Carrier Safety Regulations (49 CFR 391.41–391.49) with any applicable State variance which will only be valid for interstate 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
- [ ] Wearing hearing aid
- [ ] Accompanied by a waiver/exemption (specify type): _____
- [ ] Accompanied by a Skill Performance Evaluation (SPE) Certificate
- [ ] Driving with non-commercial exempt intracity zone (49 CFR 391.62) (Federal)
- [ ] Qualified by operation of 49 CFR 391.64 (Federal)
- [ ] Exempt/waived from State requirements (State)

Medical Examiner's Certificate Expiration Date: 09/01/2024

The information I have provided regarding this physical examination is true and complete. A copy of my Medical Examination Report Form, MCSA-5875, with any attachments, which covers my findings completely and correctly, and is on file in my office.

## MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature: [signature]

Medical Examiner's Telephone Number: (404)768-3353

Date Certificate Signed: 09/01/2023

Medical Examiner's Name (please print or type): Wadley, Rodney

(●) MD ( ) Physician Assistant ( ) Advanced Practice Nurse
( ) DO ( ) Chiropractor ( ) Other Practitioner (specify): _____

Medical Examiner's State License, Certificate, or Registration Number: 055325

Issuing State: GA

National Registry Number: 2898535996

## CMV DRIVER INFORMATION

Driver's Signature: [signature]

Driver's License Number: C555495A0

Issuing State/Province: GA

Driver's Address
Street Address: 2242 Lelia Ln SE City: Atlanta State/Province: GA Zip Code: 30315 CLP/CDL (●) Yes ( ) No

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