Medical Examiner's Certificate

I certify that I have examined Last Name: Mills First Name: Hsdrubal 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 _____ (driver's exemption)

☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) certificate

☐ Driving within an exempt intracity zone (49 CFR 391.62) (Federal)

☐ 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: 9/27/24

Medical Examiner's Signature: [signature]

Medical Examiner's Name (please print or type): Dr. D'Metrius Rivers

Medical Examiner's Telephone Number: (864) 381-8564

Date Certificate Signed: 9/27/22

Medical Examiner's State License, Certificate, or Registration Number: [redacted]

☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse

☐ DO ☑ Chiropractor ☐ Other Practitioner (specify) _____

Issuing State: Georgia

National Registry Number: [redacted]

Driver's Signature: [signature]

Driver's Address: Street Address: 6825 Maddox Rd City: Morrow State/Province: GA Zip Code: 30260

Driver's License Number: 061532421 State/Province: GA

CDL Applicant? ☑ Yes ☐ No

*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 document under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.**