

Form MCSA-10472

Last Name: BARNES First Name: COARY DOB: 02/27/67 Exam Date: 02/07/23

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 391.41-391.43):

- ☐ 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): Diabetes, BP
- Driver qualified for: ☐ 3 months ☐ 6 months ☒ 1 year ☐ other (specify): _____
- ☐ Wearing corrective lenses ☐ Wearing hearing aid ☐ Accompanied by a waiver/warning (specify type): _____
- ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.61 (Federal)
- ☐ 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: _____ Date: _____
- ☐ 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(b), 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: Danielle M. Jennings

Medical Examiner's Name (please print or type): DANIELLE M JENNINGS, BS, ME, DC

Medical Examiner's Address: 2711 ALPINE RD SUITE 200 City: COLUMBIA State: SC Zip Code: 29223

Medical Examiner's Telephone Number: (803) 587-1893 Date Certificate Signed: 02/07/23

Medical Examiner's State License, Certificate, or Registration Number: 4196 Issuing State: SC

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

☐ Other Practitioner (specify): _____

National Registry Number: 9598761787

Medical Examiner's Certificate Expiration Date: 02/07/24