Form MCSA-5876

[illegible]

Medical Examiner's Certificate

I certify that I have examined Last Name: Foley First Name: Byron in accordance with (please check only one):

(x) 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
- [ ] Wearing hearing aid
- [ ] Accompanied by a ____________ waiver/exemption
- [ ] 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: 11/14/24

Medical Examiner's Signature: [signature]

Medical Examiner's Telephone Number: (404) 381-8664

Date Certificate Signed: 11/14/22

Medical Examiner's Name (please print or type): Dr. Joshua Poole

( ) MD ( ) Physician Assistant ( ) Advanced Practice Nurse
( ) DO (x) Chiropractor ( ) Other Practitioner (specify) ____________

Medical Examiner's State License, Certificate, or Registration Number: CHIR010126

Issuing State: Georgia

National Registry Number: 6490693165

Driver's Signature: Byron Foley

Driver's License Number: 008067225

Issuing State/Province: LA

Driver's Address

Street Address: 2013 Powers Ferry Rd, #HPD City: Marietta State/Province: GA Zip Code: 30067

CLP/CDL Applicant/Holder (x) 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 documents under the control of authorized persons. Properly dispose of the document when no longer required to be maintained by regulation requirements.

←

Joshua Poole
(Doctor Of Chiropractic)

Email Website

Practice Business Name
Express D.O.T Physicals

Address
PO BOX 1490 LITHIA SPRINGS, GA 30122

Hours of Operation
-

National Registry Number
6890693165

Certification Date
11/25/2019

Distance
N/A

Business Phone
(404) 348-4192

Business Fax Number
-

Business Email
lynette@itschirotime.com