

I certify that I have Examined Last Name: Leach First Name: Everett
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 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:

[] Wearing corrective lenses [] Accompanied by a _____ waiver/exemption [] Driving within a exempt intracity zone (49 CFR 391.62)
[] Wearing hearing aid [] Accompanied by a Skill Performance Evaluation (SPE) Certificate [] Qualified by operation of 49 CFR 391.64
[] Grandfathered from State requirements

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 11/28/2024

Medical Examiner's Signature: [Signature] Medical Examiner's Telephone Number: (910) 303-2690 Date Certificate Signed: 11/28/2022
Medical Examiner's Name: Dr. Robert Twaddell ☐ OMD ☐ Physician Assistant ☐ Advanced Practice Nurse ☐ ODO ☒ Chiropractor ☐ Other
Medical Examiner's State License, Certificate, or Registration Number: 2347 Issuing State: North Carolina National Registry Number: 7764707923

Driver's Signature: [Signature] Driver's License Number: 27444673 Issuing State: NC
Driver's Address _____ CLP/CDL Applicant/Holder
Street Address: 816 Shawmilk rd APT 22 City: FAVETTE NC State: NC Zip Code: 28311 ☒ Yes ☐ No



 **Dr. Robert Twaddell**
(Doctor Of Chiropractic)



Email



Website

Practice Business Name

Fayetteville DOT Exams / Occ Med

Address

1332 Bragg Blvd \$95 CDL / DOT
Exams Fayetteville, NC 28301

Hours of Operation

830-300

National Registry Number

7764707923

Certification Date

09/21/2013

Distance

N/A

Business Phone

(910) 303-2690

Business Fax Number

-

Business Email

doctor@ahealthyback.com

Business Website

www.fayettevilledotexams.com

