Form MCSA-5876

OMB No. 2126-0006 Expiration Date: 3/31/2025

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

Medical Examiner's Certificate
(for Commercial Driver Medical Certification)

I certify that I have examined **Last Name:** Lindley **First Name:** Antonio 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 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 be only 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 _____ waiver/exemption ☐ Driving within an exempt intracity zone (49 CFR 391.62) *(Federal)*
☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate. ☐ Qualified by operation of (49 CFR 391.64)*(Federal)*
☐ Grandfathered from State requirement *(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
06/12/2025

Medical Examiner's Signature

Medical Examiner's Telephone Number
404-267-5700

Date Certificate Signed
06/12/2023

Medical Examiner's Name *(please print or type)*
Randall Erik Peterson, MD.

◉ MD ○ Physician Assistant ○ Advanced Practice Nurse
○ DO ○ Chiropractor ○ Other Practitioner *(specify)* _____

Medical Examiner's State License, Certificate, or Registration Number
72759

Issuing State
GA

National Registry Number
6645141697

Driver's Signature

Driver's License Number
056041951

Issuing State/Province
GA

Driver's Address
Street Address: 3223 Chestnut Dr City: Atlanta State/Province: GA Zip Code: 30344

CLP/CDL Applicant/Holder
○ Yes ◉ No

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Rev 3/29/22

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Dr. Randall Peterson
(Medical Doctor)

Email Website

Practice Business Name
NOVA Medical Centers

Address
118 E DeRenne Ave Savannah, GA 31406

Hours of Operation
-

National Registry Number
6645141697

Certification Date
08/23/2022

Distance
N/A

Business Phone
(912) 231-7900

Business Fax Number
-

Business Email
r.erik.peterson@gmail.com