Form MCSA-5876

OMB No.: 2126-0006 Expiration Date: 09/30/2025

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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:** Peralta **First Name:** Henry 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 _____ waiver/exemption ☐ Driving within an exempt intracity zone (49 CFR 391.62) *(Federal)*
☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ 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 July 7, 2027

Medical Examiner's Signature [signature]

Medical Examiner's Telephone Number 864-246-0803

Date Certificate Signed July 7, 2025

Medical Examiner's Name *(please print or type)*
Dr. Holly Claire Williams

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

Medical Examiner's State License, Certificate, or Registration Number
3691

Issuing State South Carolina

National Registry Number 2990089688

Driver's Signature Henry peralta

Driver's License Number P643-380-86-042-0

Issuing State/Province FLA

Driver's Address
Street Address: 4202 URQUHART ST City: Lake Worth State/Province: FL Zip Code: 33461

CLP/CDL Applicant/Holder (●) Yes ( ) No

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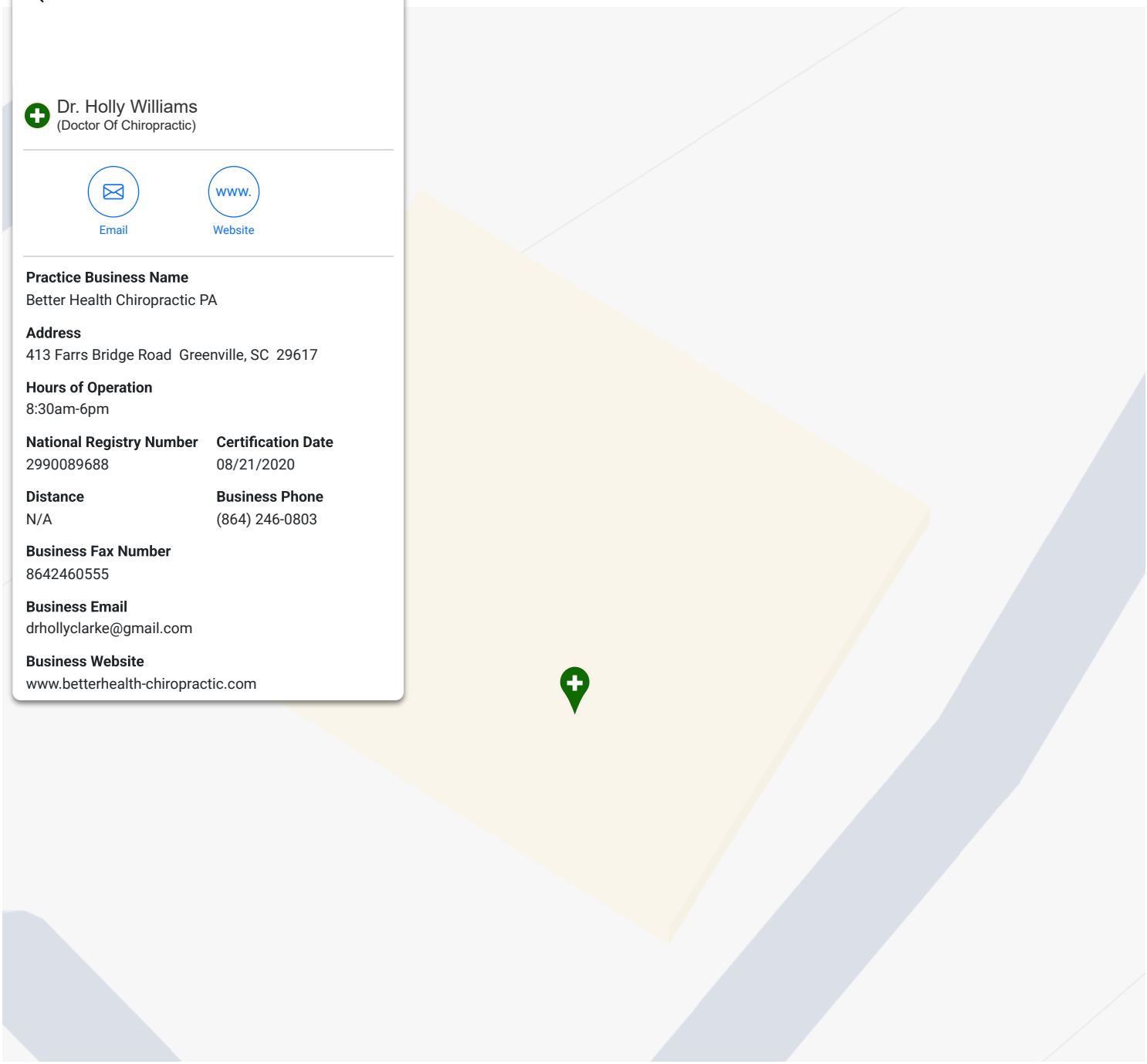
Rev 3/1/23



Dr. Holly Williams
(Doctor Of Chiropractic)

Email Website

Practice Business Name
Better Health Chiropractic PA

Address
413 Farrs Bridge Road Greenville, SC 29617

Hours of Operation
8:30am-6pm

National Registry Number
2990089688

Certification Date
08/21/2020

Distance
N/A

Business Phone
(864) 246-0803

Business Fax Number
8642460555

Business Email
drhollyclarke@gmail.com

Business Website
www.betterhealth-chiropractic.com