Form MCSA-5876

OMB No.: 2126-0006 Expiration Date: 03/31/2025

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:** ROBINSON **First Name:** MAURICE 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 ☐ 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 12/12/24

Medical Examiner's Signature _____

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

Date Certificate Signed 12/12/23

Medical Examiner's Name *(please print or type)* Dr. Clark Payne

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

Medical Examiner's State License, Certificate, or Registration Number CHIR011053

Issuing State Georgia

National Registry Number 3964768811

Driver's Signature _____

Driver's License Number 059090852

Issuing State/Province GA

Driver's Address Street Address: 3614 PRESCOTT WAY City: DOUGLASVILLE State/Province: GA Zip Code: 30135

CLP/CDL Applicant/Holder ● 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 this document when no longer required to be maintained by regulatory requirements.

Rev 3/29/22

Search Medical Examiners

City, State or Zipcode | 10 | Miles

National Registry Number: 3964768811

Business Name:

First Name:

Last Name:

Basic Search | Search

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Dr. Clark PAYNE (Doctor Of Chiropractic)

Atlanta Injury And Wellness Inc.

2740 Greenbriar Pkwy SW Suite A-3 Atlanta, GA 30331

(404) 629-9999 *N/A* Directions

B12

4602

Dr. Clark PAYNE
(Doctor Of Chiropractic)

Email

Website

Practice Business Name
Atlanta Injury and Wellness Inc.

Address
2740 Greenbriar Pkwy SW Suite A-3 Atlanta, GA 30331

Hours of Operation
-

National Registry Number
3964768811

Certification Date
10/11/2023

Distance
N/A

Business Phone
(404) 629-9999

Business Fax Number
-

Business Email
hr@itschirotime.com

Query Detail

Query Overview

Employer Conducting Query: RIKI TRANSPORTATION INC (USDOT# 3119062)

Query Result: Driver Not Prohibited

Query Status: Completed (10/31/2024 12:44:53)

Conducted By: RADOSLAV KOVACEVIC | **Query Type:** Pre-employment | **Query Submitted:** Manually

Driver Information

Name: MAURICE ROBINSON
Date of Birth: 4/28/1971
CDL/CLP: US-GA-59090852

Consent Information

Requested: 10/31/2024 12:40:01
Recorded: 10/31/2024 12:44:53
Status: Provided

Query History

Created: 10/31/2024 12:40:01
Completed: 10/31/2024 12:44:53
Query Result: Driver Not Prohibited

Open Violations

No Open Violations

LEARN MORE

- The Return-to-Duty Process