

Public Burden Statement

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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:** ROBINSON **First Name:** MAURICE in accordance with (please check only one):

- ☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.69) 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 391.41-391.69) 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 391.67) (Federal)
- ☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.6A (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

11-30-25

Medical Examiner's Signature

[Signature]

Medical Examiner's Telephone Number

(404) 381-8664

Date Certificate Signed

11-30-24

Medical Examiner's Name (please print or type)

Dr. Chamyce Hall

☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse

☐ DO ☒ Chiropractor ☐ Other Practitioner (specify) _____

Issuing State

Georgia

National Registry Number

8680053826

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

CHIR010866

Driver's Signature

[Signature]

Driver's License Number

059096852

Issuing State/Province

GA

Driver's Address

Street Address:

3614 PRASCO

City:

DOLGELAVILLE

State/Province:

GA


Zip Code:

30135

CLP/GDL Applicant/Holder

☒ Yes ☐ No

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Chamyce Hall
(Doctor Of Chiropractic)

[Email](#) [Website](#)

Practice Business Name
Express D.O.T Physicals

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1102 Thornton Rd Suite C Lithia Springs, GA 30122

Hours of Operation
-

National Registry Number 8680053826 **Certification Date** 11/04/2022

Distance N/A **Business Phone** (404) 348-6641

Business Fax Number
-

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Business Website
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