

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:** Patterson **First Name:** Anthony in accordance with (please check only one):

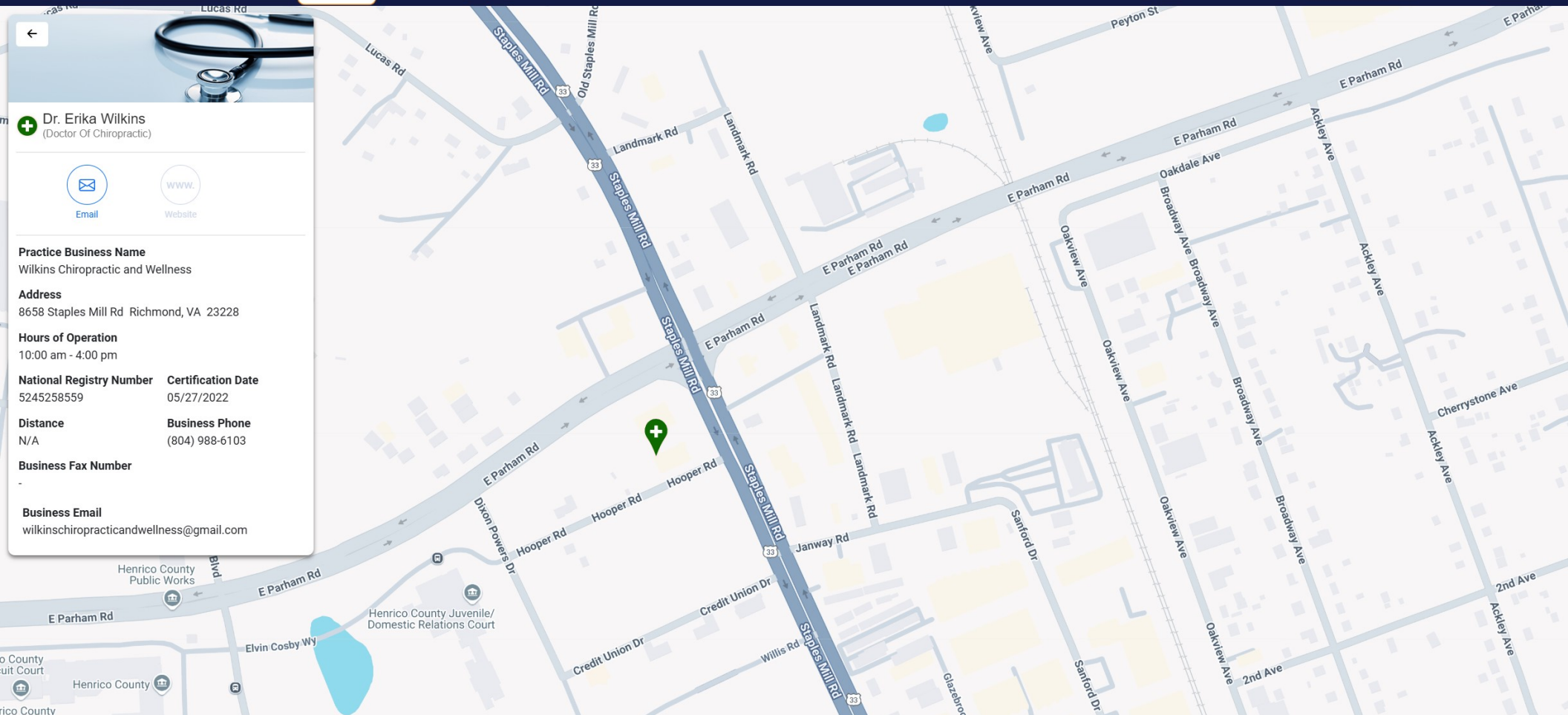
- ☒ the Federal Motor Carrier Safety Regulations ([49 CFR 391.41-391.49](#)) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) **OR**
☐ the Federal Motor Carrier Safety Regulations ([49 CFR 391.41-391.49](#)) with any applicable 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](#))
☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ (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 Date09/18/2026**Medical Examiner's Signature****Medical Examiner's Telephone Number**(615) 804-0506**Date Certificate Signed**09/18/2024**Medical Examiner's Name** (please print or type)Erika Wilkins☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse☐ DO ☒ Chiropractor ☐ Other Practitioner (specify) _____**Medical Examiner's State License, Certificate, or Registration Number**0104557753**Issuing State**VA**National Registry Number**5245258559**Driver's Signature****Driver's License Number**895429530**Issuing State/Province**NY**Driver's Address**Street Address: 1613 Eastern Parkway 3C City: Brooklyn State/Province: NY Zip Code: 11233**CLP/CDL Applicant/Holder**☒ Yes ☐ No

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Dr. Erika Wilkins
(Doctor Of Chiropractic)



Email



Website

Practice Business Name
Wilkins Chiropractic and Wellness

Address
8658 Staples Mill Rd Richmond, VA 23228

Hours of Operation
10:00 am - 4:00 pm

National Registry Number **Certification Date**
5245258559 05/27/2022

Distance **Business Phone**
N/A (804) 988-6103

Business Fax Number
-

Business Email
wilkinschiropracticandwellness@gmail.com