/23, 8:07 AM

Medical Examination Report

Form MCSA-5875

OMB No. 2126-0006 Expiration Date: 12/31/2024

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:** Penn **First Name:** Edwin 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)

Medical Examiner's Certificate Expiration Date: December 06, 2025

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 Signature

Medical Examiner's Telephone Number: 866-235-9112

Date Certificate Signed: 12/06/2023

Medical Examiner's Name *(please print or type)*: Sherri Mosley, DC, CME

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

Medical Examiner's State License, Certificate, or Registration Number: CHI8006246 **Issuing State:** GA **National Registry Number:** 4898660449

Driver's Signature

Driver's License Number: 10619009 **Issuing State/Province:** AL

Driver's Address

Street: 5608 Woodside Dr N City: Mobile State/Province: AL Zip Code: 36608

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

Werner Lithia Springs GA DOB: 05/15/89 64577 580254116 Rev 1/5/22

NATIONAL REGISTRY OF CERTIFIED MEDICAL EXAMINERS

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City, State or Zipcode | 10 | Miles

National Registry Number: 4898660449

Business Name:

First Name:

Last Name:

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Dr. Sherri Mosley (Doctor Of Chiropractic)

Mosley Health Center

5051-A Warm Springs Rd Columbus, GA 31909

(706) 323-1873 *N/A* Directions

Dr. Sherri Mosley

(Doctor Of Chiropractic)

Email

Website

Practice Business Name
Mosley Health Center

Address
5051-A Warm Springs Rd Columbus, GA 31909

Hours of Operation
9am- 6 pm

National Registry Number
4898660449

Certification Date
01/12/2022

Distance
N/A

Business Phone
(706) 323-1873

Business Fax Number
7067176745

Business Email
mosleyhealthcenter@gmail.com

Query Detail

Query Overview

Employer Conducting Query: ZIGI FREIGHT INC (USDOT# 2828543)

Query Result: Driver Not Prohibited

Query Status: Completed (12/9/2024 12:16:21)

Conducted By: Teodora Nikolic | **Query Type:** Pre-employment | **Query Submitted:** Manually

Driver Information

Name: EDWIN PENN
Date of Birth: 5/15/1989
CDL/CLP ⓘ: US-FL-P500205891750

Consent Information

Requested: 12/9/2024 12:08:10
Recorded: 12/9/2024 12:16:21
Status: Provided

Query History

Created: 12/9/2024 12:08:10
Completed: 12/9/2024 12:16:21
Query Result: Driver Not Prohibited

Open Violations

No Open Violations

LEARN MORE

- The Return-to-Duty Process