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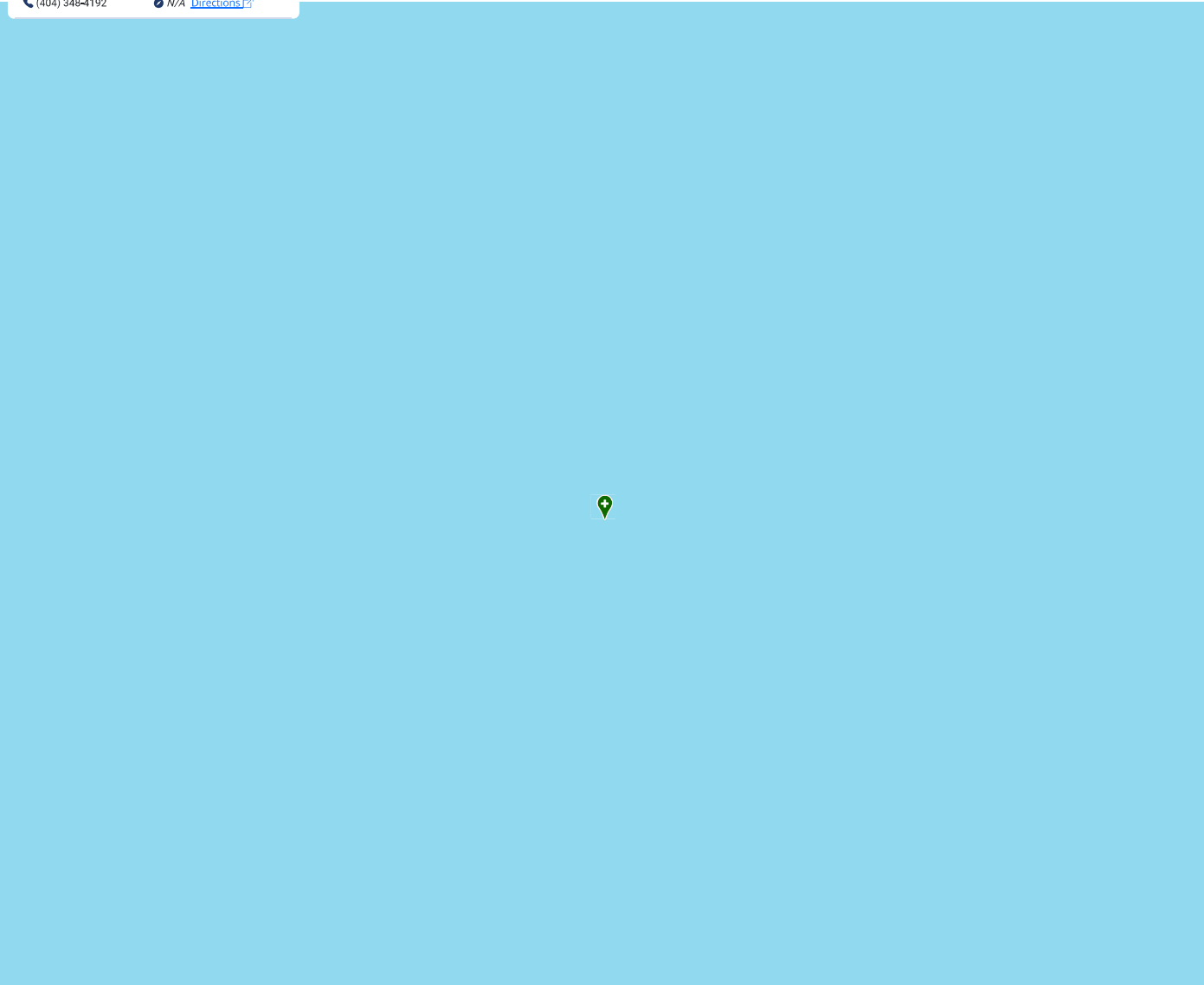
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 **Dr. Joshua Poole (Doctor Of Chiropractic)**
 **Express D.O.T Physicals**
PO BOX 1490 LITHIA SPRINGS, GA 30122
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U.S. DEPARTMENT OF TRANSPORTATION
Federal Motor Carrier Safety Administration
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U.S. 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: Foley First Name: Byron 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 interstate 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 391.43) (Federal)

☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.46 (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 5870, with any attachments, embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Signature: D. J. P. P. Medical Examiner's Telephone Number: (404) 381-8664 Date Certificate Signed: 11/14/22

Medical Examiner's Name (please print or type): Dr. Joshua Poole

Medical Examiner's State License, Certificate, or Registration Number: CH10010126 Issuing State: Georgia National Registry Number: 680693165

Physician Signature: Byron Foley Driver's License Number: 008067225 Issuing State/Province: LA

Driver's Address: 2013 Powers Ferry Rd, NE, Marietta, GA State/Province: GA Zip Code: 30067 CLP/CDL Applicant/Holder: ☒ Yes ☐ No

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