

[Home](#)[Register](#)[Find A Medical Examiner](#)[Resource Center](#)[Contact Us](#)[Login](#)

Search Medical Examiners

<input type="text" value="City, State or Zipcode"/>	<input type="text" value="10"/>	Miles
---	---------------------------------	-------

National Registry Number	Business Name
<input type="text" value="2176969210"/>	<input type="text"/>

First Name	Last Name
<input type="text"/>	<input type="text"/>

[Basic Search](#)

<input type="button" value="Previous Page"/>	1 of 1	<input type="button" value="Next Page"/>
--	--------	--

 **Tai Valliere-White (Medical Doctor)**
 **Concentra**
1500 Mt. Zion Rd Morrow, GA 30260
 (678) 422-8824  [N/A](#) [Directions?](#)


Automation Personnel
Services - Morrow

1544



Map data ©2025 Report a map error

U.S. DEPARTMENT OF TRANSPORTATION
Federal Motor Carrier Safety Administration
1200 NEW JERSEY AVENUE, SE
WASHINGTON, DC 20590
1-800-832-5660

[Subscribe To Email Updates](#)



About

- [About FMCSA](#)
- [Regulations](#)
- [Safety](#)
- [Analysis](#)
- [FMCSA Portal](#)

News and Events

- [FMCSA Newsroom](#)
- [Press Releases](#)
- [Emergency Declarations](#)

Resources

- [Career Center](#)
- [Resources for Carriers](#)
- [Resources for Consumers](#)
- [Resources for Drivers](#)
- [Forms](#)
- [Contact Us](#)
- [Trending Topics](#)

Policies, Rights, Legal

- [About DOT](#)
- [Budget and Performance](#)
- [Civil Rights](#)
- [FOIA](#)
- [Information Quality](#)
- [No FEAR Act](#)
- [Office of Inspector General](#)
- [Privacy Policy](#)
- [Vulnerability Disclosure Policy](#)
- [USA.gov](#)
- [Web Policies and Notices](#)
- [Web Standards](#)

Form MCSA-1475 OMB No.: 2126-0006 Expiration Date: 03/31/2025

Last Name: CURRY JR First Name: TERRENCE DOB: 10/20/1984 Exam Date: 11/28/2023

Please complete only one of the following (Federal or State) Medical Examiner Determination sections:

MEDICAL EXAMINER DETERMINATION (Federal)

Use this section for examinations performed in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49):

☐ Does not meet standards (specify reason): _____

☒ Meets standards in 39 CFR 391.41; qualifies for 2-year certificate

☐ Meets standards, but periodic monitoring required (specify reason): _____

Driver qualified for: ☐ 3 months ☐ 6 months ☐ 1 year ☐ other (specify): _____

☐ Wearing corrective lenses ☐ Wearing hearing aid ☐ Accompanied by a waiver/exemption (specify type): _____

☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.65 (Federal)

☐ Driving within an exempt intracity zone (see 49 CFR 391.63) (Federal)

☐ Determination pending (specify reason): _____

☐ Return to medical exam office for follow-up on (must be 45 days or less): _____

☐ Medical Examination Report amended (specify reason): _____

(If amended) Medical Examiner's Signature: _____ Date: _____

☐ Incomplete examination (specify reason): _____

If the driver meets the standards outlined in 49 CFR 391.41, then complete a Medical Examiner's Certificate as stated in 49 CFR 391.43(h), as appropriate.

I have performed this evaluation for certification. I have personally reviewed all available records and recorded information pertaining to this evaluation, and attest that, to the best of my knowledge, I believe it to be true and correct.

Medical Examiner's Signature: _____

Medical Examiner's Name (please print or type): Tai Valliere-White

Medical Examiner's Address: 3580 ATLANTA AVE City: HAPEVILLE State: GA Zip Code: 30354

Medical Examiner's Telephone Number: 404-768-3351 Date Certificate Signed: 11/28/2023

Medical Examiner's State License, Certificate, or Registration Number: 12510 Issuing State: GA

☒ MD ☐ DO ☐ Physician Assistant ☐ Chiropractor ☐ Advanced Practice Nurse

☐ Other Practitioner (specify): _____

National Registry Number: 2176969210 Medical Examiner's Certificate Expiration Date: 11/28/2025

