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:** Turner **First Name:** Reginald in accordance with *(please check only one)*:

- [x] 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
- [ ] Wearing hearing aid
- [ ] Accompanied by a _____ waiver/exemption
- [ ] Accompanied by a Skill Performance Evaluation (SPE) Certificate
- [ ] Driving within an exempt intracity zone (49 CFR 391.62) *(Federal)*
- [ ] Qualified by operation of 49 CFR 391.64 *(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: 11/8/2025

Medical Examiner's Signature: [signature] FNP

Medical Examiner's Telephone Number: 423-378-7685

Date Certificate Signed: 11/8/2023

Medical Examiner's Name *(please print or type)*: Angie Millican FNP

- [ ] MD
- [ ] Physician Assistant
- [x] Advanced Practice Nurse
- [ ] DO
- [ ] Chiropractor
- [ ] Other Practitioner *(specify)* _____

Medical Examiner's State License, Certificate, or Registration Number: TN APRN 27781

Issuing State: Tennessee

National Registry Number: 1275915898

Driver's Signature: [signature]

Driver's License Number: 150706017

Issuing State/Province: TN

Driver's Address

Street Address: 1113 Taylor station **City:** Kingsport **State/Province:** TN **Zip Code:** 37660

CLP/CDL Applicant/Holder: [x] Yes [ ] No

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Rev 1/5/22

United States Department of Transportation

FMCSA
Federal Motor Carrier Safety Administration

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Mr. Angela Millican (Advanced Practice Registered Nurse)
Holston Medical Group
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(423) 392-6200 N/A Directions

Gravelly Branch

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W Stone Dr