

Form MCSA-3075 2008 Rev. 07-08-2008 Issuance Date: 02/01/2024

Medical Examiner's Certificate
For Limited Term Medical Certificate

I certify that I have examined Last Name: First Name: Initials in accordance with please check only one:

☒ The Federal Motor Carrier Safety Regulations (FMCSRs) 393.201, 393.202 and with knowledge of the driving duties, I find the person is qualified, and if applicable, only when I find that they are:

☐ I find the person is qualified, and if applicable, only when I find that they are:

☐ Requiring corrective lenses ☐ Accompanied by a ☐ Driving without an example directly from (2) 393.201, 393.202, 393.203

☐ Requiring hearing aid ☐ Accompanied by a Self-Performance Evaluation (SPE) Certificate ☐ Grandfathered from State Requirements (State)

The information I have provided regarding the physical examination is true and complete. A complete Medical Examination Report Form, MCSA-3075, with any attachments, encloses my findings completely and correctly, and is on file in my office.

Medical Examiner's Signature
[Signature]
Medical Examiner's Name (please print or type)
Dr. Christopher
Medical Examiner's State License, Certificate, or Registration Number
8102040100

Medical Examiner's Telephone Number
1776-400-8400
☐ MD ☐ Physician Assistant ☒ Advanced Practice Nurse
☐ NO ☐ Chiropractor ☐ Other Practitioner (specify)
Nursing State: Georgia
National Registry Number
None/1776

Date Certificate Signed
12/06/2024

Driver's Signature
[Signature]
Driver's Address
Street Address: 3211 Camryn King City: Atlanta State/Province: GA Zip Code: 30405
Driver's License Number
GA0143-75-712-8
Issuing State/Province
Florida
CLP/CDL Applicant/Holder
☒ Yes ☐ No

**This document contains sensitive information and is the official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.

Rev. 3/1/23



Stefanie Christopher

(Advanced Practice Registered Nurse)

Email

Website

Practice Business Name

Apollo Occupational Health

Address

845 S Carroll Rd Suite A Villa Rica, GA 30180

Hours of Operation

8-5

National Registry Number

7664173076

Certification Date

04/19/2024

Distance

N/A

Business Phone

(770) 400-9460

Business Fax Number

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Business Email

cstogner@apollooh.com

