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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: Flood Jr.First Name: Timothy

in accordance with (please check any one)

- ☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.42) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):
- ☐ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.42) 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
- ☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate

- ☐ Driving within an exempt interstate time (49 CFR 391.43) (if so, state):
- ☐ Qualified by operation of 49 CFR 391.64 (Federal)
- ☐ Grandfathered from State requirements (if so, 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 Signature

Medical Examiner's Name (please print or type)

Dr. Eddie Jung

Medical Examiner's State License, Certificate, or Registration Number

S03937

Medical Examiner's Telephone Number

(443) 642-7765

Date Certified/Valid

04-18-2022

- ☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse
- ☐ DO ☒ Chiropractor ☐ Other Practitioner (specify): _____

Issuing State

MD

National Registry Number

1612342890

Driver's Signature

Driver's Address

Street Address:

1341 Ling Dr.

City

Austell

State/Province

GA

Zip Code

30168

Issuing State/Province

GA

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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