



Form MCSA-5875 (04/16/2006) (Expiration Date: 12/31/2016)

Public Review Statement
A physical exam is not required for a person to be issued a license or to be subject to a physical examination. The Department of Transportation, Federal Motor Carrier Safety Administration, has determined that the information provided on this form is not required for a person to be issued a license or to be subject to a physical examination. The Department of Transportation, Federal Motor Carrier Safety Administration, has determined that the information provided on this form is not required for a person to be issued a license or to be subject to a physical examination.

Medical Examiner's Certificate
(For Commercial Driver's License)

I certify that I have examined Last Name: Flood Jr. First Name: Timothy in accordance with (please check only one):
☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.43) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when I find this person is qualified, and, if applicable, only when I find this person is qualified.
☐ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.43) 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 I find this person is qualified.

☒ Wearing corrective lenses ☐ Accompanied by a ☐ waiver/exemption ☐ Driving within an exempt territory (see 49 CFR 391.62) (Restrict)
☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.41 (Restrict)
☐ Grandfathered from State requirements (SPE)

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: [Signature] Medical Examiner's Telephone Number: (843) 642-7765 Date Certificate Signed: 04-06-2019
Medical Examiner's Name (please print type): Dr. Eddie Jung
Medical Examiner's State License, Certificate, or Registration Number: S03937 Issuing State: MD National Registry Number: 1612342890

Driver's Signature: [Signature] Driver's License Number: 060235421 Issuing State/Province: GA
Driver's Address: 1341 Ling Dr. City: Austell State/Province: GA Zip Code: 30168 CLP/COL Applicant/Holder: ☒ Yes ☐ No

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