

between
conduct of a person, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless
information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2125-0006. Public reporting for this collection of information is estimated to be approximately one minute per response,
for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any
collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-ARA, 1700 New Jersey Avenue, SE, Washington, D.C. 20590.

Medical Examiner's Certificate (for Commercial Driver Medical Certification)

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 391.41-391.49) 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):

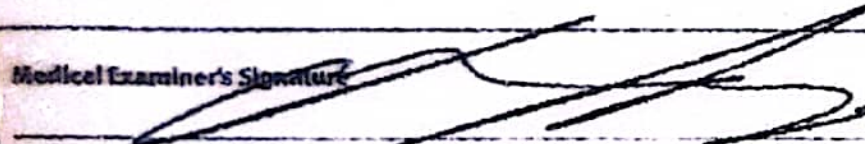
- ☒ Wearing corrective lenses ☐ Accompanied by a _____ waiver/exemption ☐ Driving within an exempt intracity zone (49 CFR 391.64 Federal)
- ☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.64 Federal
- ☐ Grandfathered from 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

04/15/2024

Medical Examiner's Signature



Medical Examiner's Telephone Number

(443)642-7765

Date Certificate Signed

04/15/2023

Medical Examiner's Name (please print or type)

Dr. Eddie Jung

- ☐ M.D. ☐ Physician Assistant ☐ Advanced Practice Nurse
- ☐ D.O. ☒ Chiropractor ☐ Other Practitioner (specify) _____

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

S03937

Issuing State

MD

National Registry Number

1612342890

Driver's Signature



Driver's License Number

060235421

Issuing State/Province

GA

Driver's Address

Street Address

1341 Ling Dr. Austell GA 30168

CLP/CDL Applicant/Holder

☒ Yes ☐ No