Form MCSA-5876 OMB No. 2126-0006 Expiration Date: 03/31/2025

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U.S. Department of Transportation
Federal Motor Carrier Safety Administration

Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

CMV DRIVER CERTIFICATION

I certify that I have examined (last name) ELYSEE (first name) RICHIE in accordance with *(please check only*

◉ the Federal Motor Carrier Safety Regulations (49 CFR 391.41(b)(10)) 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(b)(11)) 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 bya waiver/exemption (specifytype): _____
- ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate
- ☐ Driving within an exempt intracity zone (49 CFR 391.62) *(Federal)*
- ☐ Qualified by operation of 42 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
09/18/2025

MEDICAL EXAMINER INFORMATIO

Medical Examiner's Signature

Medical Examiner's Telephone Number
(317)856-2945

Date Certificate Signed
09/18/2023

Medical Examiner's Name *(please print or type)*
Devlin, Laura

○ MD ○ Physician Assistant ◉ Advanced Practice Nurse
○ DO ○ Chiropractor ○ Other Practitioner *(specify)* _____

Medical Examiner's State License, Certificate, or Registration Number
71004570A

Issuing State
IN

National Registry Number
5003709455

CMV DRIVER INFORMATION

Driver's Signature

Driver's License Number
E420720934620

Issuing State/Province
FL

Driver's Address

Street Address: 1392 NE147 St. City: Miami beach State/Province: FL Zip Code: 33161

CLP/CDL Applicant/Holder ◉ Yes ○ No

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United States Department of Transportation

FMCSA
Federal Motor Carrier Safety Administration

NATIONAL REGISTRY OF CERTIFIED MEDICAL EXAMINERS

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National Registry Number: 5003709455

Business Name:

First Name:

Last Name:

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Mrs. Laura Devlin (Nurse Practitioner)
Concentra Urgent Care
5940 Decatur Boulevard Indianapolis, IN 46241
(317) 856-2945 N/A Directions

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5940 Decatur Boulevard Indianapolis, IN 46241
(317) 856-2945 N/A Directions

Mrs. Laura Devlin
(Nurse Practitioner)

Email Website

Practice Business Name
Concentra Urgent Care

Address
5940 Decatur Boulevard Indianapolis, IN 46241

Hours of Operation
sun-sat 24 hours

National Registry Number
5003709455

Certification Date
03/05/2014

Distance
N/A

Business Phone
(317) 856-2945

Business Fax Number
3178565397

Business Email
ldevlin@concentra.com

Business Website
www.concentramedical.com/

Query Detail

Query Overview

Employer Conducting Query: ZIGI FREIGHT INC (USDOT# 2828543)

Query Result: Driver Not Prohibited

Query Status: Completed (5/30/2024 11:05:20)

Conducted By: Teodora Nikolic | **Query Type:** Pre-employment | **Query Submitted:** Manually

Driver Information

Name: RICHIE ELYSEE
Date of Birth: 12/22/1993
CDL/CLP : US-FL-E420720934620

Consent Information

Requested: 5/30/2024 10:37:12
Recorded: 5/30/2024 11:05:20
Status: Provided

Query History

Created: 5/30/2024 10:37:12
Completed: 5/30/2024 11:05:20
Query Result: Driver Not Prohibited

Open Violations

No Open Violations

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- The Return-to-Duty Process