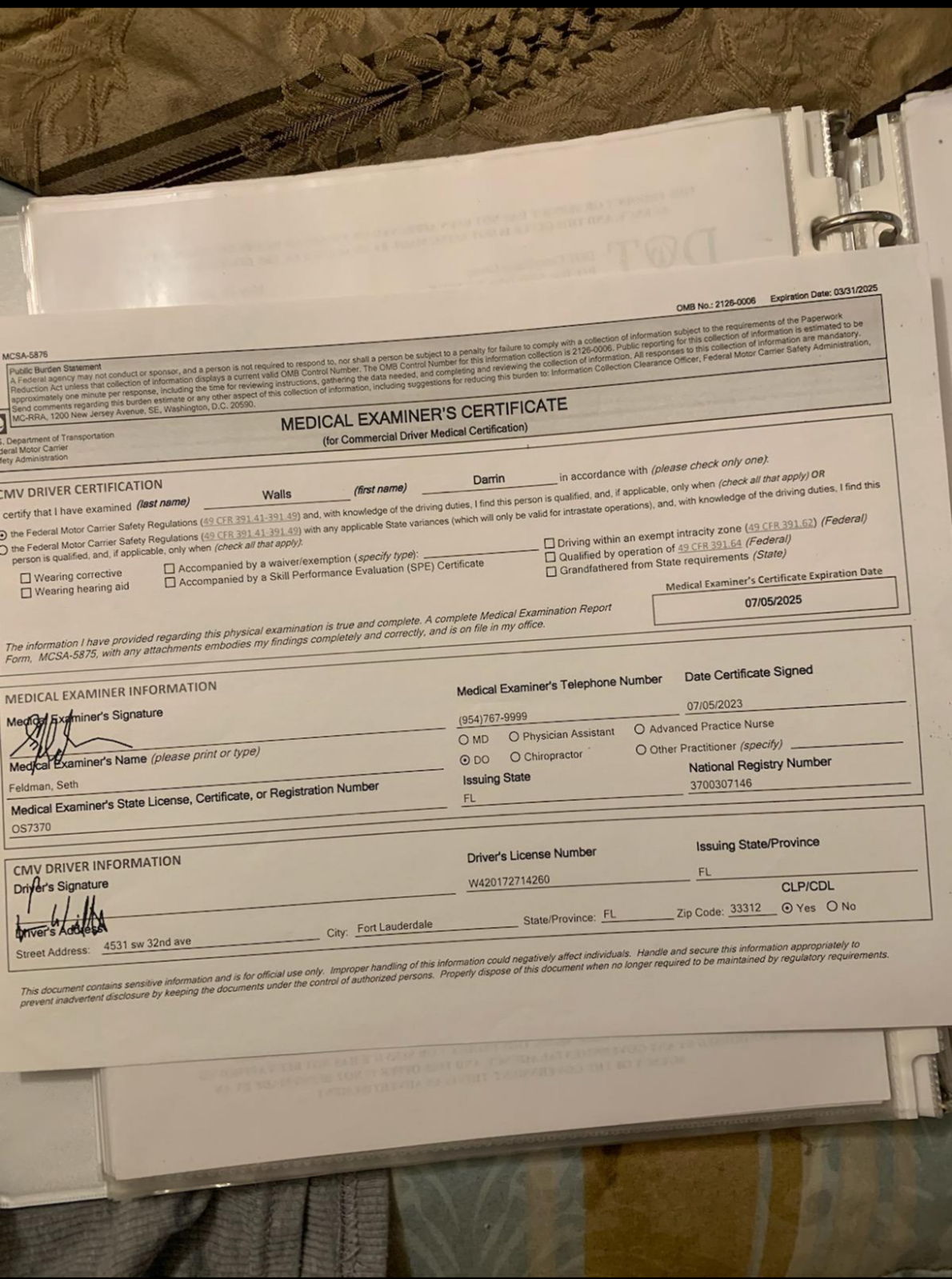

OMB No.: 2126-0006 Expiration Date: 03/31/2025

MCSA-5876

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S. Department of Transportation
deral Motor Carrier
fety Administration

MEDICAL EXAMINER'S CERTIFICATE
(for Commercial Driver Medical Certification)

CMV DRIVER CERTIFICATION

I certify that I have examined *(last name)* Walls *(first name)* Darrin 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
- [ ] Wearing hearing aid
- [ ] Accompanied by a waiver/exemption (*specify type*): _____
- [ ] Accompanied by a Skill Performance Evaluation (SPE) Certificate
- [ ] Driving within an exempt intracity zone (49 CFR 391.62) *(Federal)*
- [ ] Qualified by operation of 49 CFR 391.64 *(Federal)*
- [ ] Grandfathered from State requirements *(State)*

Medical Examiner's Certificate Expiration Date: 07/05/2025

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 INFORMATION

Medical Examiner's Signature

Medical Examiner's Telephone Number: (954)767-9999

Date Certificate Signed: 07/05/2023

Medical Examiner's Name *(please print or type)*: Feldman, Seth

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

Medical Examiner's State License, Certificate, or Registration Number: OS7370

Issuing State: FL

National Registry Number: 3700307146

CMV DRIVER INFORMATION

Driver's Signature

Driver's License Number: W420172714260

Issuing State/Province: FL

CLP/CDL: (•) Yes ( ) No

Driver's Address

Street Address: 4531 sw 32nd ave City: Fort Lauderdale State/Province: FL Zip Code: 33312

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FMCSA
Federal Motor Carrier Safety Administration

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Dr. Seth Feldman (Doctor Of Osteopathy)
Concentra
1347 South Andrews Avenue Fort Lauderdale, FL 33316
(954) 767-9999 N/A Directions

SE 4th Ave
SE 4th Ave
SE 4th Ave
SE 4th

84 SE 24th St Marina Blvd E State Rd 84 84 SE 24t

FMCSA
Federal Motor Carrier Safety Administration

NATIONAL REGISTRY OF CERTIFIED MEDICAL EXAMINERS

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Dr. Seth Feldman
(Doctor Of Osteopathy)

Email Website

Practice Business Name
Concentra

Address
1347 South Andrews Avenue Fort Lauderdale, FL 33316

Hours of Operation
m-f 8-5

National Registry Number
3700307146

Certification Date
12/13/2013

Distance
N/A

Business Phone
(954) 767-9999

Business Fax Number
9547639828

Business Email
sfeldman@concentra.com

SE 4th Ave
SE 4th Ave
SE 4th Ave
SE 4th
h St
Marina Blvd
E State Rd 84
84
SE 24

Query Detail

Query Overview

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

Query Result: Driver Not Prohibited

Query Status: Completed (8/1/2024 14:01:50)

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

Driver Information

Name: DARRIN WALLS
Date of Birth: 11/26/1971
CDL/CLP: US-FL-W420172714260

Consent Information

Requested: 8/1/2024 13:22:37
Recorded: 8/1/2024 14:01:50
Status: Provided

Query History

Created: 8/1/2024 13:22:37
Completed: 8/1/2024 14:01:50
Query Result: Driver Not Prohibited

Open Violations

No Open Violations

LEARN MORE

The Return-to-Duty Process