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)

I certify that I have examined **Last Name:** Vaughn **First Name:** Darren 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 391.62) *(Federal)*

☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ 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: 7/12/2026

Medical Examiner's Signature: B. Shahrokh FNP-C

Medical Examiner's Telephone Number: (815) 823-8800

Date Certificate Signed: 7/12/2024

Medical Examiner's Name *(please print or type)*: Behnoosh Shahrokh

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

Medical Examiner's State License, Certificate, or Registration Number: 209017702

Issuing State: IL

National Registry Number: 5320979009

Driver's Signature:

Driver's License Number: 6550071228

Issuing State/Province: IN

Driver's Address
Street Address: 3784 Jackson City: Gary State/Province: IN Zip Code: 46408

CLP/CDL Applicant/Holder ☒ Yes ○ No

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Miss. BEHNOOSH SHAHROKH (Advanced Practice Registered Nurse)

WellNow Urgent Care

1360 Houblot Rd Joliet, IL 60431

(815) 823-8800 *N/A* Directions


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