





















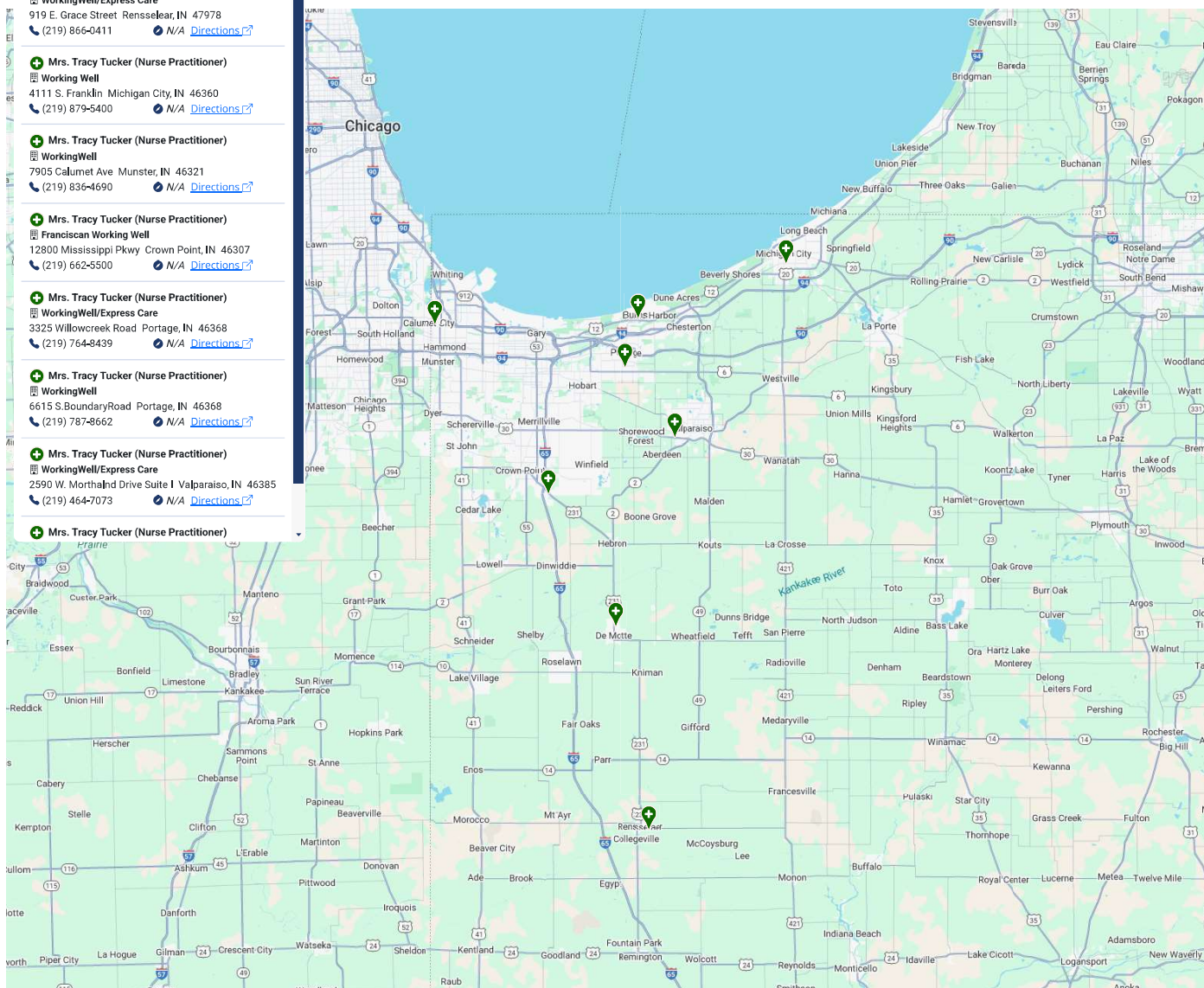


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 **Franciscan Working Well**  
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 **WorkingWell/Express Care**  
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(219) 464-7073  [N/A](#) [Directions](#)
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**Medical Examiner's Certificate**  
(For Commercial Driver Medical Certification)

I certify that I have examined (last name) RANDLE (first name) DARIUS 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 (Specify type) ☐ 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**  
**01/18/2027**

<b>Medical Examiner's Signature</b> <u>Tracy M. Tucker</u> 1/18/2025 11:15:40 AM	<b>Medical Examiner's Telephone Number</b> (219) 836-4690	<b>Date Certificate Signed</b> 01/18/2025
<b>Medical Examiner's Name (please print or type)</b> Tracy M. Tucker, FNP	<input type="radio"/> MD <input type="radio"/> Physician Assistant <input checked="" type="radio"/> Advanced Practice Nurse <input type="radio"/> DO <input type="radio"/> Chiropractor <input type="radio"/> Other Practitioner (Specify)	<b>National Registry Number</b> 6150610760
<b>Medical Examiner's State License, Certificate, or Registration Number</b> 71004771A	<b>Issuing State</b> Indiana	<b>Issuing State/Province</b> Indiana
<b>Driver's Signature</b> <u>Darius Randle</u> 1/18/2025 11:33:57 AM	<b>Driver's License Number</b> 8110008021	<b>CLP/CDL Applicant/Holder</b> <input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Driver's Address</b> Street Address: 233 ADELAIDE PL City: Munster	<b>State/Province:</b> IN	<b>Zip Code:</b> 46321

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Rev 3/1/23