

Form MCSA-5876

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OMB No. 2125-0046
Expiration Date: 03/31/2025

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: McLaughlin** **First Name: Rahnel** in accordance with (please check only)
☒ 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.

☐ 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 Signature
[Signature]
Medical Examiner's Name (please print or type)
Hammond, Layne
Medical Examiner's State License, Certificate, or Registration Number
0010-13129

Medical Examiner's Telephone Number
(704) 271-1215
☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse
☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____
Issuing State
NC **National Registry Number**
4473615289

Medical Examiner's Certificate Expiration Date
07/01/2026

Driver's Signature
[Signature]
Driver's Address
Street Address: 1125 W Mauney Ave City: Gastonia State/Province: NC Zip Code: 28052 ☐ Yes ☐ No

Driver's License Number
917075896 **Issuing State/Province**
AR **CLP/CDL Applicant's folder**

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Mrs. Layne Hammond
(Physician Assistant)



Email



Website

Practice Business Name

AFC Urgent Care

Address

1908 E Franklin Blvd Suite 100 Gastonia, NC 28054

Hours of Operation

m-f 8a-8p, sa-su 8a-5p

National Registry Number

4473615289

Certification Date

06/23/2023

Distance

N/A

Business Phone

(704) 271-1215

Business Fax Number

-

Business Email

jcarlton@afcurgentcare.com

