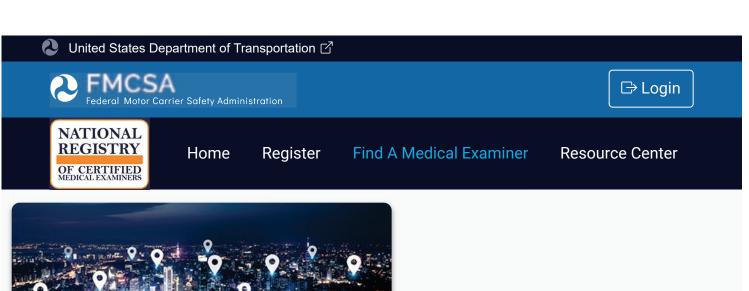
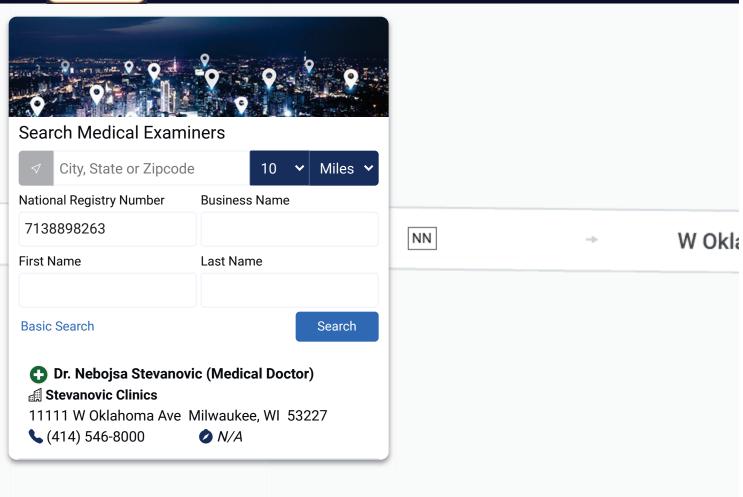
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U.S. Department of Transportation Federal Motor Carrier Safety Administration	Medical Examiner's Certificate (for Commercial Driver Medical Certification)	9
Icertify that I have examined Last Name:		First Name: ALEKS AKD Am accordance with (nease check only one).
We the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.42) and, with O the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any. I find this person is qualified, and, if applicable, only when (check all that apply):	41-391.49) and, with knowledge of the driving duties, I find 41-391.49) with any applicable State variances (which will or (check all that apply):	** The Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.42) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) OR O the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.42) 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	kill Performance Evaluation (SPE) Certificate	☐ Qualified by operation of 49 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.	nination is true and complete. A complete Medical Examin: mpletely and correctly, and is on file in my office.	ation Report Form, $7-72-24$

Medical Examiner's Signature	Medical Examiner's Telephone Number	Dat
CARD	4/4 346-8000	7-12-22.
Medical Examiner's Name (please print or type)	OMD O Physician Assistant	O Advanced Practice Nurse
DEBOYSA STEUADOCIC	O DO O Chiropractor	O Other Practitioner (specify)
Medical Examiner's State License, Certificate, or Registration Number $3.7372$	Issuing State	National Registry Number フ/3 みるタ おりんて

Driver's Signature		Issuing State/Province
XALEKSANDAR JOUICIC	1122-0007-4211-01	
Driver's Address		CLP/CDL Applicant/Holder
Street Address: 56745 5157	City: MLUMAUREE State/Province: W/ Zip Coo	Zip Code: 53219 @Yes ONo

<sup>\*\*</sup>This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the confibl of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.\*\*





# **&** U.S. DEPARTMENT OF TRANSPORTATION

Federal Motor Carrier Safety Administration

1200 NEW JERSEY AVENUE, SE WASHINGTON, DC 20590 855-368-4200

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