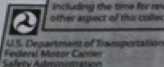


Public Burden Statement

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Medical Examiner's Certificate

(For Commercial Driver Medical Certification)

I certify that I have examined **Last Name:** JOVISE **First Name:** ALEXANDAR 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 ☐ 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.

Medical Examiner's Certificate Expiration Date

6-14-26

Medical Examiner's Signature

Medical Examiner's Name (please print or type)

NEBOJSA STEVANOVIC

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

39372

Medical Examiner's Telephone Number

414 546-8000

Date Certificate Signed

6-14-24

- ☒ MD ☐ Physician Assistant ☐ Advanced Practice Nurse
☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____

Issuing State

WI

National Registry Number

7138898265

Driver's Signature

Driver's Address

Street Address: 6135 W HOWARD AVE City: GREEFIELD

Driver's License Number

2162-0007-4211-01

Issuing State/Province

WI

State/Province:

WI


Zip Code: 53220

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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10 Miles

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+

Dr. Nebojsa Stevanovic (Medical Doctor)

+

Stevanovic Clinics

11111 W Oklahoma Ave Milwaukee, WI 53227

(414) 546-8000

N/A

Directions

