

Form MCSA-5876

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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) Rakita (first name) Jovica 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☐ Qualified by operation of 49 CFR 391.64 (Federal)☐ Grandfathered from State requirements (State)

Medical Examiner's Certificate Expiration Date

**11/13/2025**

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

Medical Examiner's Telephone Number

(630) 972-0733

Date Certificate Signed

11/13/2023

Medical Examiner's Name (please print or type)

A. Gorovits, MD

☒ MD☐ Physician Assistant☐ Advanced Practice Nurse☐ DO☐ Chiropractor☐ Other Practitioner (specify) \_\_\_\_\_

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

036-113828

Issuing State

Illinois

National Registry Number

5851616654

Driver's Signature

Driver's License Number

R230-4208-3178

Issuing State/Province

Illinois

Driver's Address

Street Address: 311 Orchard St

City: Hillside

State/Province: IL

Zip Code: 60162

CLP/CDL Applicant/Holder


☐ Yes☒ No


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Email

  
Website

**Practice Business Name**  
Advocate Occupational Downers Grove

**Address**  
3551 Highland ave Suite 200 Downers Grove, IL 60515

**Hours of Operation**  
7:30am - 6:00 pm

**National Registry Number**  
5851616654

**Certification Date**  
04/23/2014

**Distance**  
N/A

**Business Phone**  
(630) 275-2900

**Business Fax Number**  
6309691060

