

Public Burden Statement

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U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Medical Examiner's Certificate
(for Commercial Driver Medical Certification)

13241016214559

CMV DRIVER CERTIFICATION

I certify that I have examined **Last Name: BESS** **First Name: ELIJAH** 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**10/16/2026****MEDICAL EXAMINER INFORMATION****Medical Examiner's Signature****Medical Examiner's Name (please print or type)**

NANCY BEDNAREK

Medical Examiner's Telephone Number

(708) 546-0551

Date Certificate Signed

10/16/2024

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

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

277000935

Issuing State

IL

National Registry Number

5396823207

CMV DRIVER INFORMATION**Driver's Signature****Driver's Address**

Street Address: 11575 SW 215TH ST

City: MIAMI

Driver's License Number

B200216864050


Issuing State/Province

FL

CLP/CDL Applicant/HolderState/Province: FL Zip Code: 33189 ☒ Yes ☐ No

"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 control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements."

YOU MUST PROVIDE YOUR STATE DRIVER LICENSING AGENCY WITH THE COPY OF THE MEDICAL CERTIFICATE. MED-STAR DOES NOT SEND IT TO THE SDLA.



Ms. Nancy Bednarek
(Nurse Practitioner)

[Email](#)

[Website](#)

Practice Business Name
Medstop

Address
7831 W 95th St Hickory Hills, IL 60457

Hours of Operation
8-6

National Registry Number 5396823207 **Certification Date** 06/19/2015

Distance N/A **Business Phone** (708) 546-0551

Business Fax Number 7082959162

Business Email medstop.hickoryhills@yahoo.com

