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

Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

CMV DRIVER CERTIFICATION

I certify that I have examined (last name) Zivkovic (first name) Filip 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, 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 381.64 (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

11/13/2025

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature

KAM

Medical Examiner's Name (please print or type)

Marszalek, Kelly

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

01078730A

Medical Examiner's Telephone Number

(219)977-2090

Date Certificate Signed

11/13/2023

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

Issuing State

IN

National Registry Number

7911377157

CMV DRIVER INFORMATION

Driver's Signature

[Signature]

Driver's Address

Street Address: 101 s old coachman rd Apt 824

City: Clearwater

State/Province: FL

Zip Code: 33765

CLP/CDL Applicant/Holder

☒ Yes ☐ No

Driver's License Number

Z121240920510

Issuing State/Province

FL

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**FMCSA**

Federal Motor Carrier Safety Administration

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National Registry Number Business Name

7911377157

First Name

Last Name

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N/A [Directions](#)**Dr. Kelly Marszalek (Medical Doctor)****Concentra - Pullman**

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