

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)

CMV DRIVER CERTIFICATION

I certify that I have examined (last name) Mcpherson (first name) Dalton 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
☐ Wearing hearing aid

- ☐ Accompanied by a waiver/exemption (specify type):
☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate

- ☐ Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
☐ 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

06/16/2025

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature

Medical Examiner's Name (please print or type)

Hasek, Malgorzata

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

036133219

Medical Examiner's Telephone Number

(630)286-5300

Date Certificate Signed

06/16/2023

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

Issuing State

IL

National Registry Number

1700989331

CMV DRIVER INFORMATION

Driver's Signature

Driver's Address

Street Address: 4741 176th pl.

City: Country club hills

Driver's License Number

TX43292278

Issuing State/Province

TX

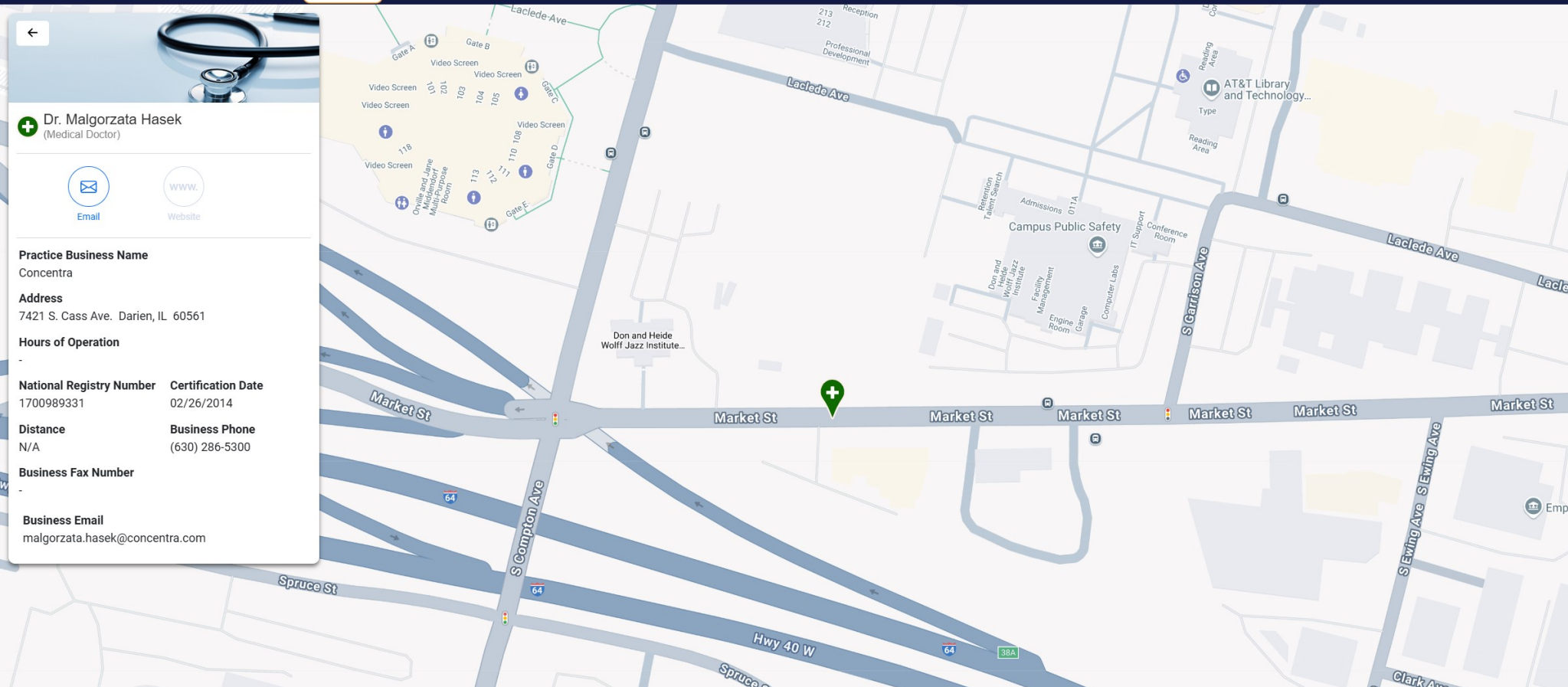
State/Province: IL

Zip Code: 60478

CLP/CDL

☒ Yes ☐ No

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Dr. Malgorzata Hasek
(Medical Doctor)



Email



Website

Practice Business Name

Concentra

Address

7421 S. Cass Ave. Darien, IL 60561

Hours of Operation

National Registry Number

1700989331

Certification Date

02/26/2014

Distance

N/A

Business Phone

(630) 286-5300

Business Fax Number

-

Business Email

malgorzata.hasek@concentra.com