NATIONAL REGISTRY OF CERTIFIED MEDICAL EXAMINERS

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National Registry Number: 8054544308

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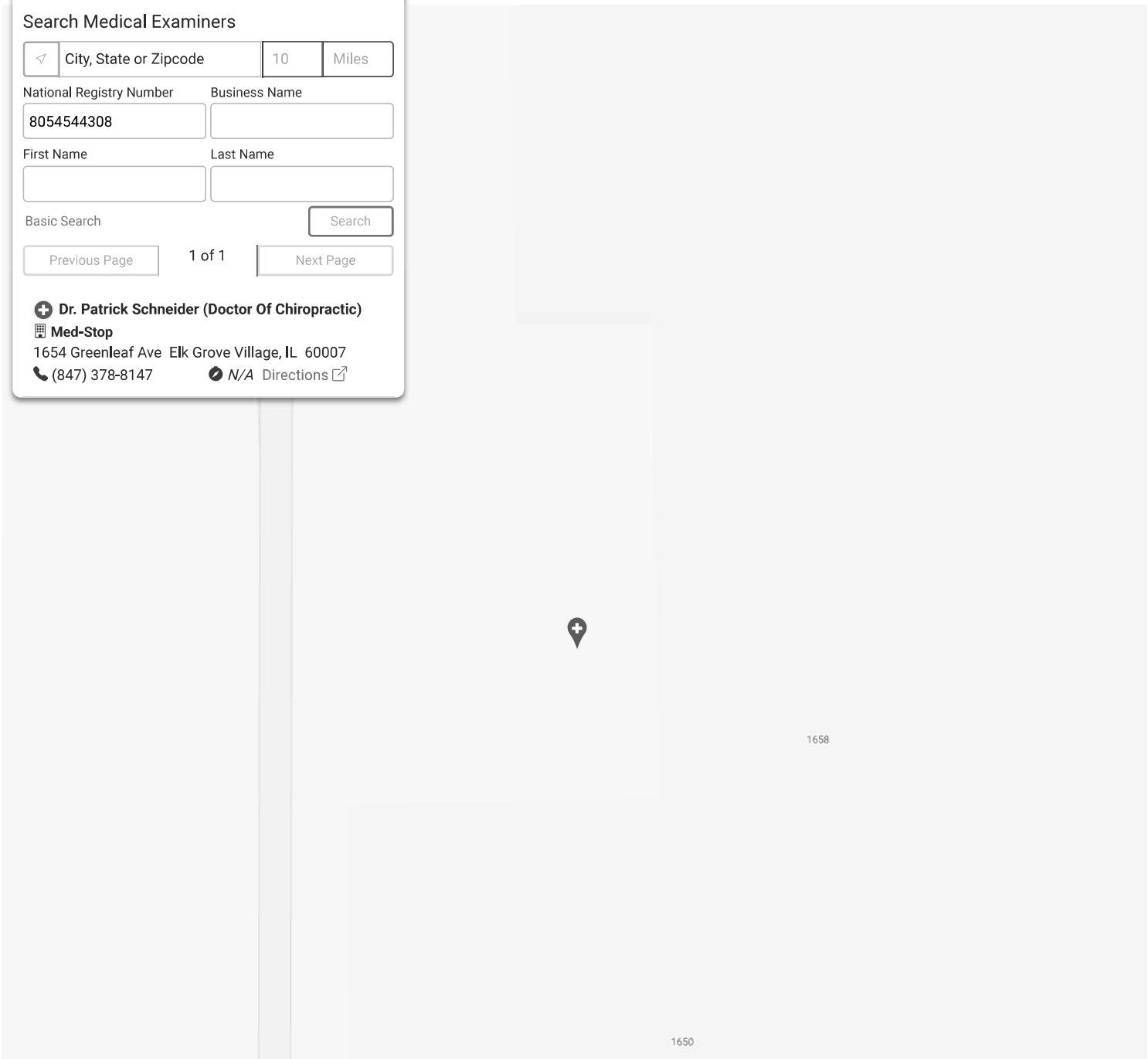
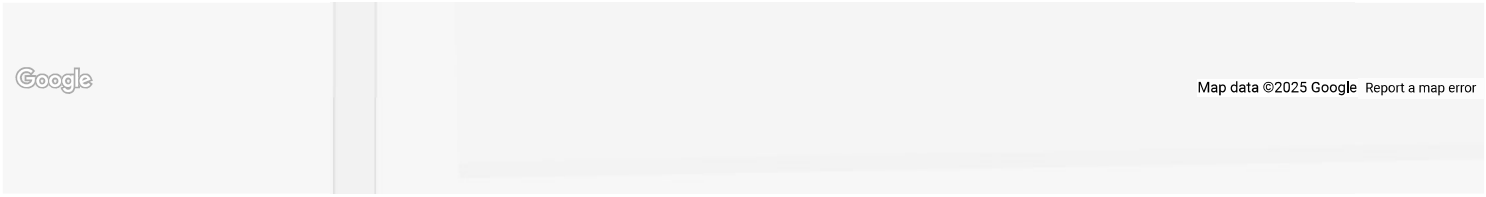
Previous Page | 1 of 1 | Next Page

Dr. Patrick Schneider (Doctor Of Chiropractic)
Med-Stop
1654 Greenleaf Ave Elk Grove Village, IL 60007
(847) 378-8147 *N/A* Directions

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Form MCSA-5876

OMB No. 2126-0006 Expiration Date: 03/31/2025

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

Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

1324031107651 2

CMV DRIVER CERTIFICATION

I certify that I have examined **Last Name:** MACLIING **First Name:** ALEX 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 3/11/2025

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature

Medical Examiner's Telephone Number (847) 378-8147

Date Certificate Signed 3/11/2024

Medical Examiner's Name (please print or type) PATRICK SCHNEIDER

○ MD ○ Physician Assistant ○ Advanced Practice Nurse
○ DO ● Chiropractor ○ Other Practitioner (specify) _____

Medical Examiner's State License, Certificate, or Registration Number 038.012459

Issuing State IL

National Registry Number 8054544308

CMV DRIVER INFORMATION

Driver's Signature

Driver's License Number M245-0046-0127

Issuing State/Province IL

Driver's Address

Street Address: 6441 W IRVING PK RD City: CHICAGO State/Province: IL Zip Code: 60634

CLP/CDL Applicant/Holder ● Yes ○ No

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