
 An official website of the United States government [Here's how you know](#) 
United States Department of Transportation



- Home
- Register
- [Find A Medical Examiner](#)
- Resource Center
- Contact Us
- Login

Search Medical Examiners



City, State or Zipcode

10

Miles

National Registry Number

Business Name

7877661053

First Name

Last Name


[Basic Search](#)


Search

Previous Page


1 of 1



Next Page

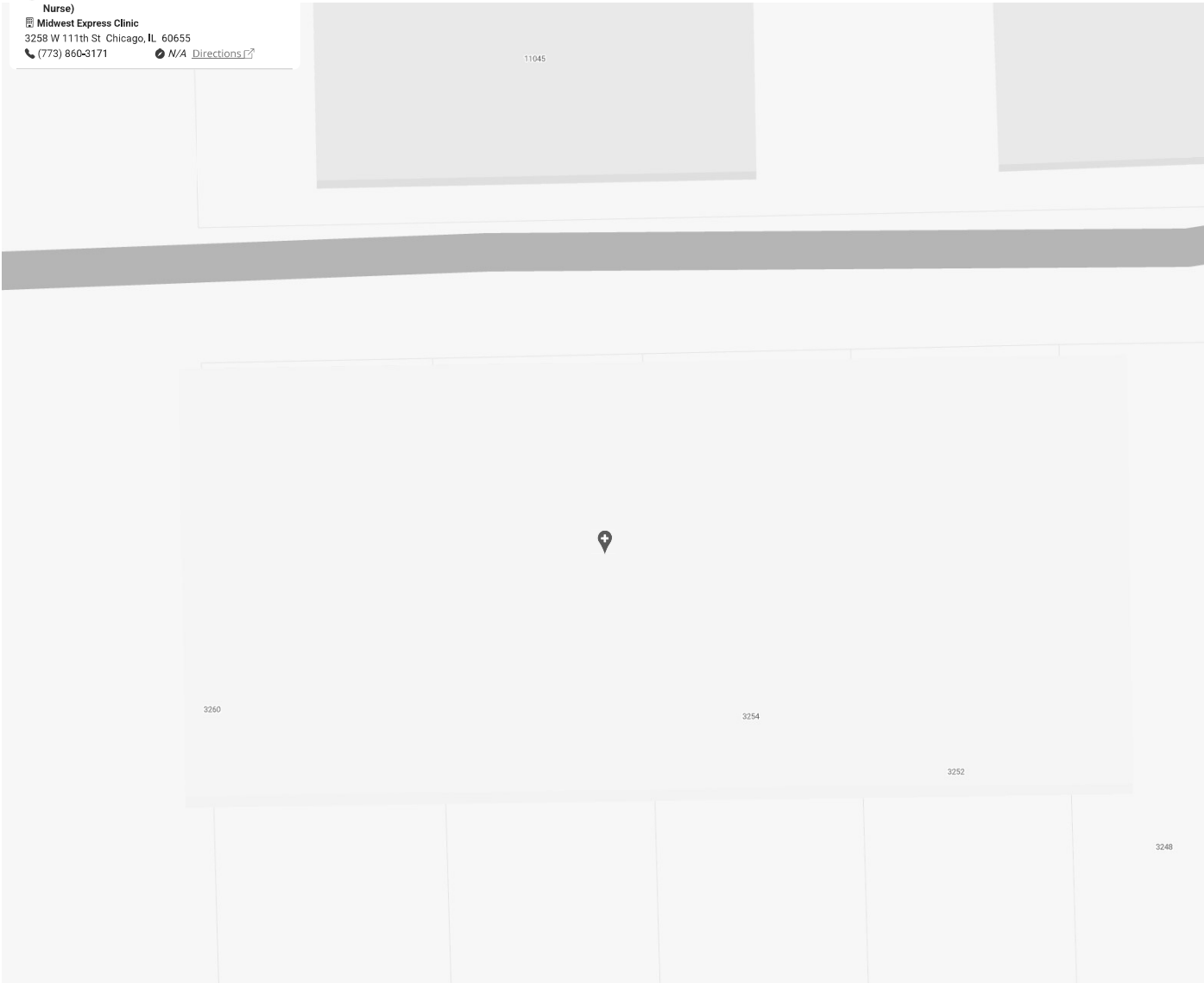
 **Laura Theisinger (Advanced Practice Registered Nurse)**

 **Midwest Express Clinic**

3258 W 111th St Chicago, IL 60655

 (773) 860-3171

 **N/A** [Directions](#) 





Map data ©2025 Google Report a map error

U.S. DEPARTMENT OF TRANSPORTATION
Federal Motor Carrier Safety Administration
1200 NEW JERSEY AVENUE, SE
WASHINGTON, DC 20590
1-800-832-5660

[Subscribe To Email Updates](#)



About

- [About FMCSA](#)
- [Regulations](#)
- [Safety](#)
- [Analysis](#)
- [FMCSA Portal](#)

News and Events

- [FMCSA Newsroom](#)
- [Press Releases](#)
- [Emergency Declarations](#)

Resources

- [Career Center](#)
- [Resources for Carriers](#)
- [Resources for Consumers](#)
- [Resources for Drivers](#)
- [Forms](#)
- [Contact Us](#)
- [Trending Topics](#)

Policies, Rights, Legal

- [About DOT](#)
- [Budget and Performance](#)
- [Civil Rights](#)
- [FOIA](#)
- [Information Quality](#)
- [No FEAR Act](#)
- [Office of Inspector General](#)
- [Privacy Policy](#)
- [Vulnerability Disclosure Policy](#)
- [USA.gov](#)
- [Web Policies and Notices](#)
- [Web Standards](#)

Form MCSA-5875

OMB No. 2126-0006 Expiration Date: 03/11/2017

Public Notice Statement
A Federal agency may not conduct or sponsor, and a person is not allowed to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information if it does not display this OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting burden for this collection of information is estimated to be approximately one minute per response, including the time for reviewing the collection of information, gathering the data needed to collect the information, reviewing the collection of information, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Branch, Federal Motor Carrier Safety Administration, N-100A, 1206 New Jersey Avenue, SE, Washington, D.C. 20590.

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

I certify that I have examined **Last Name: ZUBERO ORTA** **First Name: ANGEL** in accordance with (please check only one):

☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41) 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) with any applicable State variance (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 _____ waiver exemption ☐ Driving within an exempt intracity zone (49 CFR 391.41 (Federal))

☐ Wearing hearing aid ☐ Accompanied by _____ Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.41 (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 Signature *Laura Theisinger* **Medical Examiner's Telephone Number** (773) 629-8217 **Date Certificate Signed** 5/2/2023

Medical Examiner's Name (please print or type) Laura Theisinger ☐ MD ☐ Physician Assistant ☒ Advanced Practice Nurse

Medical Examiner's State License, Certificate, or Registration Number 209021064 ☐ DO ☐ Chiropractor ☐ Other Practitioner (Specify) _____

Issuing State IL **National Registry Number** 7877661053

Driver's Signature *[Signature]* **Driver's License Number** Z166000894200 **Issuing State/Province** FL

Driver's Address 9713 ELM WAY **City** TAMPA **State/Province** FL **Zip Code** 33635 **CLP/CDL Applicant/Holder** ☒ 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 unauthorized 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.

6/2/2022

3-com