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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: JAUREGUI

First Name: HECTOR

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
- ☐ Wearing hearing aid ☐ 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

3/8/2027

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature _____

Medical Examiner's Telephone Number

Date Certificate Signed

(847) 378-8147

3/8/2025

Medical Examiner's Name (please print or type)

BRIAN KILKUS

☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse

☐ DO ☒ Chiropractor ☐ Other Practitioner (specify) _____

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

038.012584

Issuing State

National Registry Number

IL

1410813531

CMV DRIVER INFORMATION

Driver's Signature _____

Driver's License Number

Issuing State/Province

D6153267

CA

Driver's Address

CLP/CDL Applicant/Holder

Street Address: 4660 E BELGRAVIA AVE

City: FRESNO

State/Province: CA

Zip Code: 93725

☒ Yes ☐ No

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

**FMCSA**

Federal Motor Carrier Safety Administration

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+ Dr. Brian Kilkus
(Doctor Of Chiropractic)

[Email](#)[Website](#)**Practice Business Name**

MedStop

Address

1654 Greenleaf Ave Elk Grove Village, IL 60007

Hours of Operation

-

National Registry Number

1410813531

Certification Date

05/24/2014

Distance

N/A

Business Phone

(847) 378-8147

Business Fax Number

8473788174

Business Email

bjkilkus@gmail.com

