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

Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

I certify that I have examined **Last Name:** VICENTIJEVIC **First Name:** STEVAN 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 ☐ 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

5/15/2027

Medical Examiner's Signature**Medical Examiner's Telephone Number****Date Certificate Signed**

5/15/2025

Medical Examiner's Name (please print or type)

Aisha Turner

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

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

085008959

Issuing State

IL

National Registry Number

8873080102

Driver's Signature**Driver's License Number**

V25378001273

Issuing State/Province

IL

Driver's Address

Street Address: 10531 S 81ST CT

City: PALOS HILLS

State/Province: IL

Zip Code: 60465

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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 Miss. Aisha Turner
(Physician Assistant)

 Email

 Website

Practice Business Name
WellNow Urgent Care

Address
13448 South Cicero Ave Crestwood, IL 60418

Hours of Operation
-

National Registry Number
8873080102

Certification Date
01/20/2023

Distance
N/A

Business Phone
(708) 682-3384

Business Fax Number
-

Business Email
crestwood@wellnow.com

