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)

I certify that I have examined **Last Name:** MONTES-LOPEZ **First Name:** ALIRIO 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: 11/20/2025

Medical Examiner's Signature

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

Date Certificate Signed: 11/20/2023

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

Driver's Signature

Driver's License Number: M532-0018-8359

Issuing State/Province: IL

Driver's Address

Street Address: 6154 S KOSTNER AVE City: CHICAGO State/Province: IL Zip Code: 60629

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 inadvertent 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.

13231120296915 **YOU MUST PROVIDE YOUR STATE DRIVER LICENSING AGENCY WITH THE COPY OF THE MEDICAL CERTIFICATE. MED STOP DOES NOT SEND IT TO THE SDLA**

Dr. Patrick Schneider
(Doctor Of Chiropractic)

Email Website

Practice Business Name
Med-Stop

Address
1654 Greenleaf Ave Elk Grove Village, IL 60007

Hours of Operation
-

National Registry Number
8054544308

Certification Date
05/10/2014

Distance
N/A

Business Phone
(847) 378-8147

Business Fax Number
-

Business Website
med-stop.com