

Public Burden Statement

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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:** 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)

Medical Examiner's Certificate Expiration Date11/20/2025

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

(847) 378-8147

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****Issuing State/Province**

M532-0018-8359

IL

Driver's AddressStreet Address: 6154 S KOSTNER AVECity: CHICAGOState/Province: ILZip Code: 60629**CLP/CDL Applicant/Holder**☒ Yes ☐ No

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 **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

