

**Public Burden Statement**

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to be approximately one minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Medical Programs Division, Federal Motor Carrier Safety Administration, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.



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: DORDE 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**5/12/2027**Medical Examiner's Signature** Patricia Russell**Medical Examiner's Telephone Number**312-300-7400**Date Certificate Signed**5/12/2025**Medical Examiner's Name (please print or type)**Patricia Russell☒ MD ☐ Physician Assistant ☐ Advanced Practice Nurse☐ DO ☐ Chiropractor☐ Other Practitioner (specify) \_\_\_\_\_**Medical Examiner's State License, Certificate, or Registration Number**036081644**Issuing State**IL**National Registry Number**6597648359**Driver's Signature** [Signature]**Driver's License Number**V25316095286**Issuing State/Province**IL**Driver's Address**Street Address: 10531 S 81ST CTCity: PALOS HILLSState/Province: ILZip Code: 60465**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.\*\*



FMCSA

Federal Motor Carrier Safety Administration

[Home](#)

Register

## Find A Medical Examiner

NRII Learning Center

Resource Center

## Contact Us

[Login](#)

 **Dr. Patricia Russell**  
(Medical Doctor)



Email

**Practice Business Name**  
Physicians Immediate Care

**Address**  
2853 Kirk Rd aurora, IL 60502

**Hours of Operation**  
mon-fri 8am-8pm sat/sun 8am-4pm

<b>National Registry Number</b>	<b>Certification Date</b>
6597648359	03/11/2014

<b>Distance</b>	<b>Business Phone</b>
N/A	(630) 423-3030

Business Fax Number

**Business Email**  
patricia.russell@wellnow.com

