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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:** RADIOJEVIC **First Name:** NEMANJA 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 Date04/10/2025**Medical Examiner's Signature****Medical Examiner's Telephone Number**(630) 986-7501**Date Certificate Signed**04/10/2023**Medical Examiner's Name** (please print or type)ANTHONY BIOTTA

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

Medical Examiner's State License, Certificate, or Registration Number036073808**Issuing State**IL**National Registry Number**6305202909**Driver's Signature****Driver's License Number**R31262097104**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

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United States Department of Transportation

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Dr. Anthony Bilotta

(Doctor Of Osteopathy)

Email

Website

Practice Business Name

Willowbrook Medical Center

Address

535 Plainfield Rd. Suite C Willowbrook, IL 60527

Hours of Operation

-

National Registry Number

6305202909

Certification Date

05/24/2014

Distance

N/A

Business Phone

(630) 986-7501

Business Fax Number

-

Business Email

willowbrookmedical1@gmail.com

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U.S. DEPARTMENT OF TRANSPORTATION

Federal Motor Carrier Safety Administration

1200 NEW JERSEY AVENUE, SE

WASHINGTON, DC 20590

855-368-4200

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