

## 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)

13250224422483

### CMV DRIVER 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):

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Wearing corrective lenses | <input type="checkbox"/> Accompanied by a _____ waiver/exemption                         | <input type="checkbox"/> Driving within an exempt intracity zone (49 CFR 391.62) (Federal) |
| <input type="checkbox"/> Wearing hearing aid                  | <input type="checkbox"/> Accompanied by a Skill Performance Evaluation (SPE) Certificate | <input type="checkbox"/> Qualified by operation of 49 CFR 391.64 (Federal)                 |
|   |  | <input type="checkbox"/> 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

2/24/2027

### MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature 

Medical Examiner's Telephone Number

Date Certificate Signed

(630) 986-75012/24/2025

Medical Examiner's Name (please print or type)

YULIYA RASHEVSKA☐ MD ☐ Physician Assistant ☒ Advanced Practice Nurse☐ DO ☐ Chiropractor☐ Other Practitioner (specify) \_\_\_\_\_

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

277003326

Issuing State

National Registry Number

IL8925125248

### CMV DRIVER INFORMATION

Driver's Signature 

Driver's License Number

Issuing State/Province

R31262097104IL

Driver's Address

CLP/CDL Applicant/Holder

Street Address: 10531 S 81ST CTCity: PALOS HILLSState/Province: ILZip Code: 60465☒ Yes ☐ No

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



 **Ms. YULIYA RASHEVSKA**  
(Advanced Practice Registered Nurse)

[Email](#)[Website](#)

**Practice Business Name**  
willowbrook medical center

**Address**  
535 Plainfield Rd Suite C willowbrook, IL 60527

**Hours of Operation**  
-

**National Registry Number**      **Certification Date**  
8925125248                      03/03/2020

**Distance**                      **Business Phone**  
N/A                                (630) 986-7501

**Business Fax Number**  
-

**Business Email**  
willowbrookmedical1@gmail.com

