Form MCSA-5876

OMB No.: 2126-0006 Expiration Date: 12/31/2024

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: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, 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:** Louis **First Name:** Dieu Sone 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
August 09, 2023

Medical Examiner's Signature [signature] **Medical Examiner's Telephone Number** 866-235-9112 **Date Certificate Signed** 08/09/2022

Medical Examiner's Name *(please print or type)*
Louis T Cook

( ) MD ( ) Physician Assistant ( ) Advanced Practice Nurse
( ) DO (●) Chiropractor ( ) Other Practitioner *(specify)* _____

Medical Examiner's State License, Certificate, or Registration Number 038006857 **Issuing State** IL **National Registry Number** 4339178088

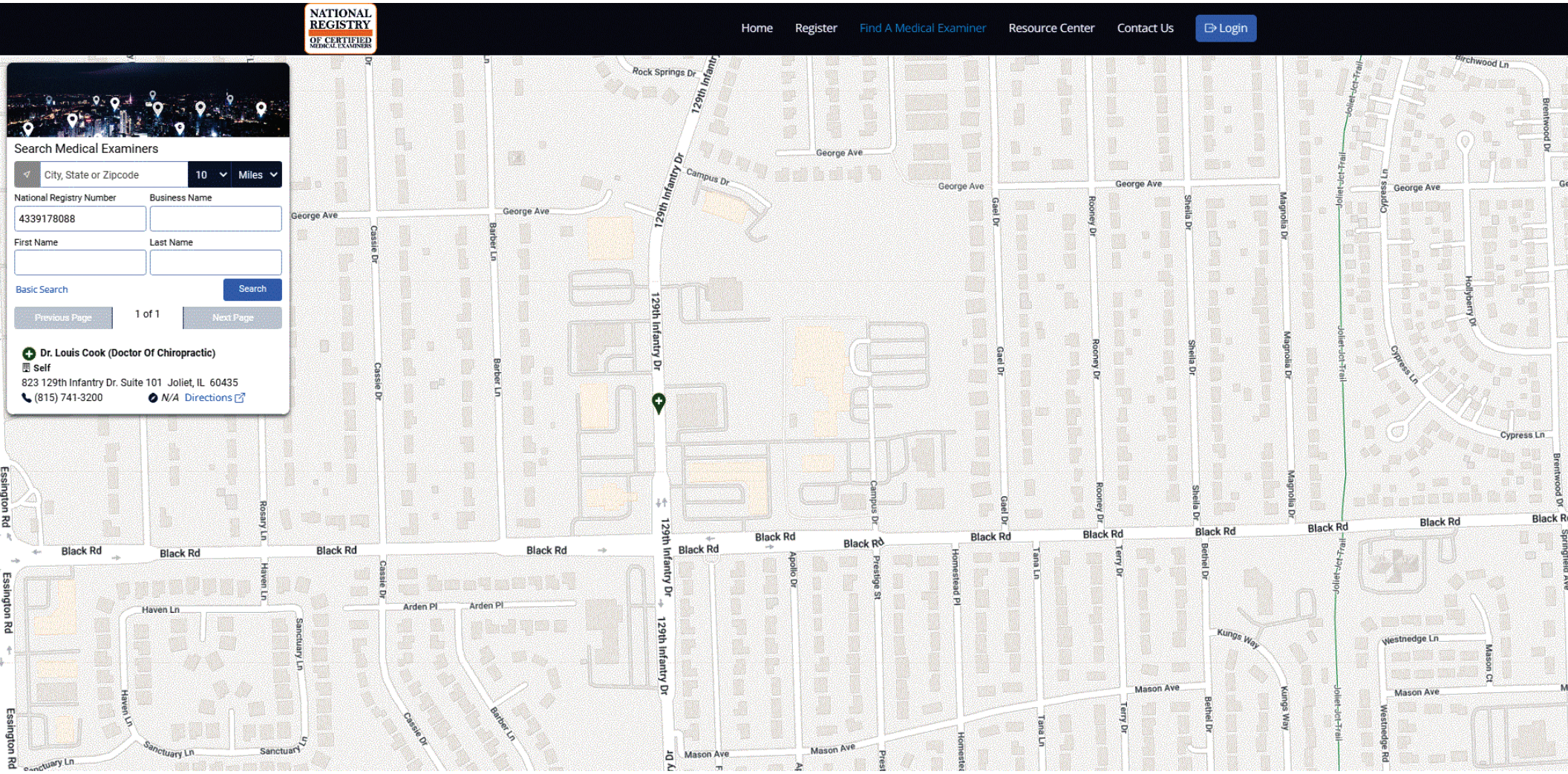
Driver's Signature Dieu-sone Louis **Driver's License Number** L200160800830 **Issuing State/Province** FL

Driver's Address
Street Address: 520 Sw 28th Drive City: Fort Lauderdale State/Province: FL Zip Code: 33312

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.

Cook Joliet IL 03/03/1980 1019834 766882255 Rev 1/5/22


NATIONAL REGISTRY OF CERTIFIED MEDICAL EXAMINERS
Home
Register
Find A Medical Examiner
Resource Center
Contact Us
Login
Search Medical Examiners
City, State or Zipcode
10
Miles
National Registry Number
4339178088
Business Name
First Name
Last Name
Basic Search
Search
Previous Page
1 of 1
Next Page
Dr. Louis Cook (Doctor Of Chiropractic)
Self
823 129th Infantry Dr. Suite 101 Joliet, IL 60435
(815) 741-3200
N/A
Directions
129th Infantry Dr
Campus Dr
Rock Springs Dr
George Ave
Cassie Dr
Barber Ln
Rosary Ln
Haven Ln
Arden Pl
Sanctuary Ln
Essington Rd
Black Rd
Gael Dr
Rooney Dr
Sheila Dr
Magnolia Dr
Apollo Dr
Prestige St
Homestead Pl
Tana Ln
Terry Dr
Bethel Dr
Kungs Way
Mason Ave
Mason Ct
Westnedge Ln
Westnedge Rd
Cypress Ln
Hollyberry Dr
Birchwood Ln
Brentwood Dr
Springfield Ave
Joliet-Jct-Trail