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Medical Examiner's Certificate
 (For Commercial Driver Medical Certification)

I certify that I have examined Last Name: Valladohd First Name: Maveo 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. I complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and accurately, and is on file in my office.

Medical Examiner's Signature: [Signature] Medical Examiner's Telephone Number: 708-316-2058 Date Certificate Signed: 8/25/2021

Medical Examiner's Name (please print or type): Donna Klinge ☐ MD ☒ Physician Assistant ☐ Advanced Practice Nurse

Medical Examiner's State License, Certificate, or Registration Number: 085-005362 ☐ DO ☐ Chiropractor ☐ Other Practitioner (specify): _____

Issuing State: ILLINOIS National Registry Number: 5035076115

Driver's Signature: [Signature] Driver's License Number: VA34-5416-9243 Issuing State/Province: IL

Driver's Address: 121 N 15th Ave City: melrose Park State/Province: IL Zip Code: 60160 CLP/CDL Applicant/Holder ☒ Yes ☐ No

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 **Ms. Donna Klingler**
(Physician Assistant)



Email



Website

Practice Business Name
PromptMed UC

Address
724 North Green Bay Road Waukegan, IL 60085

Hours of Operation
-

National Registry Number 5035076115
Certification Date 07/16/2019

Distance N/A
Business Phone (847) 901-8400

Business Fax Number
-

Business Email
hdavis@mypromptmed.com

Business Website
<https://www.promptmedurgentcare.net/>



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U.S. DEPARTMENT OF TRANSPORTATION
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