



Federal Motor Carrier Safety Administration
U.S. Department of Transportation
49 CFR Part 391, Subpart C
Title 49, Code of Federal Regulations
Issued Pursuant to Title 49, U.S.C., Sections 31311-31315
and 31331-31335
This document contains neither recommendations nor conclusions of the Federal Motor Carrier Safety Administration. It is the property of the Federal Motor Carrier Safety Administration and is loaned to the recipient. It is the recipient's responsibility to make sure that it is handled and disposed of in accordance with all applicable laws and regulations.

Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

(3220276061)

CMV DRIVER CERTIFICATION

I certify that I have examined Last Name: **AYALA HERRERA**

- 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):
- Wearing corrective lenses
- Accompanied by a waiver/exemption
- Accompanied by a Skill Performance Evaluation (SPE) Certificate
- Wearing hearing aid

I find this person is qualified, and, if applicable, only when (check all that apply):

- Wearing corrective lenses
- Accompanied by a waiver/exemption
- Accompanied by a Skill Performance Evaluation (SPE) Certificate
- Wearing hearing aid

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 INFORMATION

Medical Examiner's Signature:

First Name: **LEONARDO**

In accordance with (please check only one):

- the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for interstate operations), and, with knowledge of the driving duties
- Driving within an exempt intrastate zone (49 CFR 391.62) (Federal)
- Qualified by operation of 49 CFR 391.64 (Federal)
- Grandfathered from State requirements (State)

Medical Examiner's Certificate Expiration Date

3/25/2024

Medical Examiner's Telephone Number

(847) 378-8147

Date Certificate Signed

3/25/2022

Medical Examiner's Name (please print or type)

PATRICK SCHNEIDER

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

038.012459

Issuing State

IL

National Registry Number

8054544308

CMV DRIVER INFORMATION

Driver's Signature

Driver's License Number

39029237

Issuing State/Province

TX

CLP/CDL Applicant/Holder

Yes No

Driver's Address

Street Address: **2217 MOONLIGHT LN 1**

City: **EDINBURG**

State/Province: **TX**

Zip Code: **78541**

*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.**

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



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←

 Dr. Patrick Schneider
(Doctor Of Chiropractic)



Email



Website

Practice Business Name

Med-Stop

Address

1654 Greenleaf Ave Elk Grove Village, IL 60007

Hours of Operation

National Registry Number **Certification Date**
8054544308 05/10/2014

Distance **Business Phone**
N/A (847) 378-8147

Business Fax Number

Business Website
med-stop.com



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U.S. DEPARTMENT OF TRANSPORTATION

Federal Motor Carrier Safety Administration

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