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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: AYALA HERRERA First Name: LEONARDO 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)

Medical Examiner's Certificate Expiration Date

02/09/2026

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 Signature

Medical Examiner's Telephone Number

(847) 378-8147

Date Certificate Signed

02/09/2024

Medical Examiner's Name (please print or type)

PATRICK SCHNEIDER

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

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

038.012459

Issuing State

IL

National Registry Number

8054544308

Driver's Signature

Leonardo Ayala

Driver's License Number

39029237

Issuing State/Province

TX

Driver's Address

Street Address: 3606 LONDON PARK DR

City: KATY

State/Province: TX

Zip Code: 77449

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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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

8054544308

Certification Date

05/10/2014

Distance

N/A

Business Phone

(847) 378-8147

Business Fax Number

-

Business Website

med-stop.com

