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

U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

I certify that I have examined **Last Name: Stevenson** **First Name: Otilas** 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):

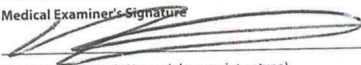
☐ Wearing corrective lenses ☐ Accompanied by a _____ waiver/exemption ☐ Driving within an exempt intracity zone (49 CFR 391.62) (Federal)

☐ 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
11.07.2025

Medical Examiner's Signature


Medical Examiner's Name (please print or type)
Kathleen Detwiler MD

Medical Examiner's State License, Certificate, or Registration Number
036.137370

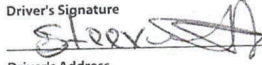
Medical Examiner's Telephone Number
708-496-1515

Date Certificate Signed
11.07.2023

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

Issuing State
IL

National Registry Number
2028941356

Driver's Signature


Driver's License Number
0242-780-92-1000

Issuing State/Province
FL

Driver's Address
Street Address: **877 NE 145th St** City: **North Miami** State/Province: **FL** Zip Code: **33161**

CLP/CDL Applicant/Holder
☒ Yes ☐ No

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 **Dr. Kathleen Detwiler**
(Medical Doctor)



Email



Website

Practice Business Name
Concentra

Address
6500 West 65th St. Chicago, IL 60638

Hours of Operation
7am to 7 pm m-f

National Registry Number **Certification Date**
2028941356 01/11/2023

Distance **Business Phone**
N/A (708) 496-1515

Business Fax Number
7084963433

Business Email
kathleen.detwiler@gmail.com

Business Website
<https://www.concentra.com/urgent-care-centers/illinois/chicago>
utm_source=yext&utm_medium=referral&utm_campaign=loc

