



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

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MEDICAL EXAMINER'S CERTIFICATE

(For Commercial Driver Medical Certification)

CMV DRIVER CERTIFICATION

I certify that I have examined (last name) KALAS (first name) MATTHEW in accordance with (please check only one):

- ☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.61-391.63) 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 391.61-391.63) 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 (Specify type): _____ ☐ Driving within an exempt intrastate zone (49 CFR 391.63 (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
03/07/2024

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature

Donna Skinner APC

Medical Examiner's Name (please print or type)

Donna Skinner

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

209-018133

Medical Examiner's Telephone Number

815-744-0808

Date Certificate Signed

03/07/2022

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

Issuing State

Illinois

National Registry Number

7954177462

CMV DRIVER INFORMATION

Driver's Signature

MATTHEW KALAS

Driver's License Number

K420-5507-6323

Issuing State/Province

IL

Driver's Address

Street Address: 116 WEST BRINK ST

City: HARVARD

State/Province: IL

Zip Code: 60033

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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