

Public Burden Statement

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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: FORD First Name: ANDRE 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
☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate

- ☐ Driving within an exempt Intracity 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

09/09/2023

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

Jolanta Dmochowski

Medical Examiner's Telephone Number

773-574-4440

Date Certificate Signed

09/09/2023

Medical Examiner's Name (please print or type)

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

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

277.000468

Issuing State

ILLINOIS

National Registry Number

4713470767

Driver's Signature

Andre Ford

Driver's License Number

F630-0109-2194

Issuing State/Province

IL

Driver's Address

Street Address:

902 N MONTICELLO

City:

CHICAGO

State/Province:

IL

Zip Code:

60651

CLP/CDL Applicant/Holder

☒ Yes ☐ No