



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

Public Burden Statement

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Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

I certify that I have examined **Last Name:** MAGALLON **First Name:** FREDDY 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

09/14/2021

Medical Examiner's Signature

Brian Kilkus
 Medical Examiner's Name (please print or type)
 BRIAN KILKUS

Medical Examiner's Telephone Number

(847) 378-8147

Date Certificate Signed

06/14/2021

- ☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse

- ☐ DO ☒ Chiropractor ☐ Other Practitioner (Specify) _____

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

038.012584

Issuing State

IL

National Registry Number

1410813531

Driver's Signature

Freddie Magallon
 Driver's Address

Driver's License Number

M245-2408-0076

Issuing State/Province

IL

CLP/CDL Applicant/Holder

Street Address: 3605 S. 55TH CT.

City: CICERO

State/Province: IL

Zip Code: 60804

☒ Yes ☐ No

13210614540603

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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