

Collection Started:	SHY BLADDER - SHY LUNG	Collection Stopped:
Referral Trigger: Shy Bladder (3 hour wait) Shy Lung (3 Attempts) Other:	Medical Evaluation & Medical Opinion Required See Title 49 Code of Federal Regulations Part 40.193 for exam guidelines. IMPORTANT NOTICE: A Doctor specializing in Urology, Pulmonary or Respiratory function is <u>NOT</u> required. Any Medical Doctor may perform this simple interview & exam, with or without specialized certification.	Collection Site Remarks:

PURCHASE ORDER - AUTHORIZATION TO BILL EMPLOYER:
Dear Medical Professional:

This Donor/Employee is required to submit to Urine Drug Testing and or Breath Alcohol Testing as a condition of continued employment with our Company. However, this Donor was unable to provide a sufficient amount of urine (45 ml or more) and/or Breath to complete the required testing. Therefore, in accordance with Title 49 CFR Part 40.193 and/or our written Company Policy, we are requesting that you conduct a face-to-face medical examination, to determine if our employee has any medical condition that could have restricted this Donor's ability to provide a valid urine and/or Breath Alcohol sample, within the allotted time frame. As of January 2017, the minimum amount of urine is 45ml (30ml for Bottle A & 15ml for Bottle B). Please go Online to: <http://www.dot.gov/odapc/documents/40.193.pdf> for further guidance, if needed. Questions should be directed to our C/TPA - FORENSIC DTS: (760) 770-6068 or our MRO - Dr. Kirk Roberts: 1-800-844-730-7996.

DEAR DOCTOR:

PLEASE CONDUCT A BASIC MEDICAL EXAMINATION & EVALUATION TO DETERMINE IF THIS DONOR HAS ANY **MEDICAL CONDITION** THAT COULD HAVE PREVENTED URINATION AND/OR EXHALATION. Please document your findings on this form and fax it to (760) 770-0806 upon completion. Your findings will be used to determine this Donor's ability to perform "Safety-Sensitive" duties in compliance with Company Policy and/or Federal Regulations. **A LICENSED MEDICAL DOCTOR MUST PERFORM THIS EVALUATION**, not a Physician's Assistant, Nurse or other Medical Technician. A Doctor specializing in Urology, Pulmonary or Respiratory function is **NOT** required to perform this basic examination and employer notification of findings.

DONOR'S MEDICAL HISTORY: (Please check all that apply, within the last 90 days)

- | | | |
|--|--|---|
| <input type="checkbox"/> Neurological Dysfunction | <input type="checkbox"/> Substance Abuse/Alcoholism | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Prostatic Urethral Obstruction | <input type="checkbox"/> UTI (pyelonephritis, ext) | <input type="checkbox"/> Urethral Stricture |
| <input type="checkbox"/> Prior Urological Instrumentation | <input type="checkbox"/> Prior back, ab or pelvic surgery. | <input type="checkbox"/> Kidney Disease |
| <input type="checkbox"/> Recent hematuria, urgency, nocturia, straining. | <input type="checkbox"/> Recent Voiding Problems | <input type="checkbox"/> Other: |

PHYSICAL EXAMINATION:	
DONOR/PATIENT'S NAME: <input style="width: 400px;" type="text"/>	DOB: <input style="width: 150px;" type="text"/>
<input type="checkbox"/> Body Temp: <input type="checkbox"/> BP Lying: <input type="checkbox"/> BP Standing: <input type="checkbox"/> Heart Rate: <input type="checkbox"/> Lungs: <input type="checkbox"/> Abdomen:	
<input type="checkbox"/> Heent: <input type="checkbox"/> Rectal/Prostate: <input type="checkbox"/> Urinalysis: <input type="checkbox"/> Sp Gravity: <input type="checkbox"/> Micro Findings: <input type="checkbox"/> Pulse:	
Doctor's Impression*: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	

DOCTOR'S FINDING:

- A **PHYSICAL MEDICAL CONDITION** (not mental fear, anxiety or prior sexual assault) has, or with a high degree of probability, precluded the employee from providing a sufficient amount of sample. The employer should perform an immediate re-test via Hair or Fingernail, under its own Company Policy, to help determine this employee's ability to safely perform "Safety-Related" duties for any Company. D.O.T. does not require re-testing via urine, as I am recommending to the Medical Review Officer (MRO) to "Cancel" this testing event and arrange for hair testing. I have "diagnosed" the above Donor with a currently active Physical Medical Condition that is prohibiting urination or Breathalyzer testing. This condition is commonly known as:
- There is not an adequate basis for determining that a physical medical condition has, or with a high degree of probability, precluded the employee from providing a sufficient amount of breath or urine, within the allotted 3-hour time. The following claims made by the Donor during our evaluation would **not** medically account for the Donor's inability or unwillingness to provide sufficient amount of urine or breath. I am recommending to the MRO that this testing event be reported as a "Refusal to Test".

<div style="border: 1px solid black; height: 30px; width: 100%;"></div> Doctor's PRINTED NAME & Designation	Referring Physician - Please, FAX COPY UPON COMPLETION: Dr. Kirk A Roberts, M.D./MRO Cynergy Wellness, Inc. 2600 Grand Blvd., Suite 500 Kansas City, MO 64108 844-730-7996/Fax: 816-782-7010
<div style="border: 1px solid black; width: 250px; height: 30px; display: inline-block;"></div> Doctor's Signature	<div style="border: 1px solid black; width: 150px; height: 30px; display: inline-block;"></div> EXAM Date

DONOR IS NOT REQUIRED TO PAY FOR THIS SERVICE. Please bill the employer, at this address:

COMPANY NAME: _____ Address: _____ Phone: _____



Drug & Alcohol Testing

Drug & Alcohol Clearinghouse >

Drivers >

Employers >

Service Agents >

Drug and Alcohol FAQs

MIS Online Filing Instructions

Shy Bladder

Q1. Shy Bladder: A CDL driver could not provide enough urine for the random test within three hours of his/her first unsuccessful attempt. The collector stopped the test and reported to the designated employer representative (DER) that it was not completed. What happens in this situation?

A1. In this situation, referred to as a "shy bladder," the driver has up to five days to obtain an evaluation from a licensed physician that contains a medical reason for the failure to provide a urine sample that would be acceptable to the medical review officer (MRO). The MRO must receive a copy of the evaluation and related medical records, and will decide whether the test is cancelled or declared a refusal. The regulations governing this process, including individual responsibilities are found in 49 CFR [40.193](#) and [40.195](#).

Last updated: Monday, April 9, 2018



This Company's Third Party Administrator/Consortium is:

FORENSIC
DRUG TESTING SERVICES, Inc.

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