

Date:  
Driver name:  
DOB:

Re: DOT Commercial Motor Vehicle Driver Medical Exam

Dear provider,

The above driver presents to our office for a DOT medical certificate to drive a commercial motor vehicle. FMCSA medical guidelines require us to ask for your assistance to determine if the driver is safe to operate a commercial vehicle and that they meet the following FMCSA medical guidelines for drivers with a history of hypertension. Please review the following and provide your signature below.

The following FMCSA stages define hypertension for the physical exam performed:

1. Stage 1: 140/90 to 159/99.
2. Stage 2: 160/100 to 179/109.
3. Stage 3: 180/110 or greater

FMCSA regulations require that the driver with hypertension:

1. Be well medically managed
2. Maintain a blood pressure of less than or equal to 140/90.

The driver will need you to provide the following:

1. Confirmation of an acceptable Blood Pressure of less than or equal to 140/90.

BP: \_\_\_\_\_ / \_\_\_\_\_  
Date: \_\_\_\_\_

b. List all current medications:

\_\_\_\_\_  
\_\_\_\_\_

c. List any change in medication(s) or dosage(s):

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print name or affix stamp: \_\_\_\_\_

Address (City, State, zip): \_\_\_\_\_