



Barnett Chiropractic & Acupuncture Clinic

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360 Pierce Ave., Suite 204, North Mankato MN, 56003

Date:

Driver name:

DOB:

Re: DOT Commercial Motor Vehicle Driver Medical Exam

Dear Provider,

I performed a DOT medical examination on the driver to determine his certification status to drive a truck. 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 diabetes mellitus. The driver may be certified if they do not take insulin (unless they have completed the ITDM requirements), and they have been compliant with prescribed treatment and in your opinion their condition is medically managed. The driver **may not** be certified if:

1. In the last 12 months, they have suffered a hypoglycemic event resulting in: a. Seizure b. Loss of consciousness c. Need of assistance from another person d. Impaired cognitive function that occurred without warning
2. In the last 5 years, they had two or more disqualifying hypoglycemic events.
3. They suffer loss of pedal sensation
4. They have resting tachycardia
5. They have orthostatic hypotension
6. They have a diagnosis of peripheral neuropathy (excluding a temperature deficit)
7. They have a diagnosis of proliferative retinopathy (unstable proliferative or non-proliferative)

If the driver meets the FMCSA requirements for certification, and your recommendation is that the driver can operate a CMV safely, please sign and date below and return this letter to our office by fax.

Patients Most recent A1C level: _____

Date taken: _____

Signature

Date

Print Name: _____

Address: _____