



FMCSA Medical Examiners Request for Information

From: Ben Johnson PA-C, FMCSA #5196807884

Regarding: Non-insulin DM2

Phone: (541) 366-6310 FAX: (541) 833-0995

National Registry of Certified Medical Examiners #: 5196807884

Regarding mutual patient: _____ DOB: _____

To PCP: _____

The above patient/driver is being evaluated to determine whether he/she meets the medical standards of the Federal Motor Carrier Safety Administration (FMCSA) to operate a commercial motor vehicle (CMV) in interstate commerce. Patient reports DM2 for which they do not use insulin. Please complete this request and fax the form back to our office. Please provide the following information as soon as possible to facilitate certification.

Are you treating this patient's DM2? Yes No Is the patients DM2 controlled? Yes No

Does this patient have neuropathy which may impair driving safety? Y N

Do you feel this patient is safe to drive commercially? Yes No

What was the patients last A1C? _____ Date: _____

Has the patient seen an ophthalmologist in the past 2 years? Y N

Does the patient have Diabetic retinopathy? Y N if yes, Stage? _____

Who is the patient's ophthalmologist? _____

Signature of Provider: _____ Date: _____