High Point Occupational Healthcare Services

**DOT CHECKLIST OF REQUIREMENTS PRIOR TO EXAM**

**Patient Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To help us complete your physical in a timely manner, please review and assure that all documents and information are complete and accurate. Detailed health history, in addition to all medications you are taking must be provided on the DOT form.**

**If a follow up examination is needed another small fee will be charged for paper work and retransmission to DOT. If you do not have the required information, we will not be able to certify you right away and you will need to come back with the information to avoid making another payment for certification, or being reported as disqualified**. **Please answer the questions below, checking yes or no to those questions that apply to you. Please read the questions carefully, if determined during the examination that any item below applies to you and we are unable to perform the physical you WILL NOT BE REFUNDED, and in the event you FAIL your physical, you WILL NOT BE REFUNDED!!!**

1. Do you require correction to your vision? Whether or not you routinely wear contacts, you must bring a pair of glasses with you to the exam. YES\_\_\_\_\_\_ NO\_\_\_\_\_\_\_
2. Do you wear a hearing aid? You must bring hearing aids and extra batteries. YES\_\_\_\_\_\_\_ NO\_\_\_\_\_\_\_\_
3. Have you had a Heart Attack, MI, Stents, angioplasty ( ballooning), or Angina? If you have, you will require a Cardiology evaluation and clearance letter to drive a commercial vehicle per DOT regulations BEFORE your physical. We have a formal letter for the physician to make this process easier for you. You will need to bring a copy of your most recent EKG and your last exercise stress test results. YES\_\_\_\_\_ NO\_\_\_\_\_
4. Have you ever had a Stroke, Seizure, Traumatic Brain Injury, or TIA? If so you are required to have a Neurology evaluation and clearance letter to drive a commercial vehicle per DOT regulations BEFORE your physical. YES\_\_\_\_\_\_\_ NO\_\_\_\_\_\_
5. Do you have diabetes? If you are diabetic, you are required to bring a letter from your treating doctor, BEFORE your physical, with the following specific areas addressed: YES\_\_\_\_\_\_\_\_ NO\_\_\_\_\_\_\_\_\_
6. **A copy of your recent HgA1c within the last 4 months B. Please bring all diabetes medication to your physical**
7. Do you have adult ADHD or ADD and are you being treated for this? Are you currently being treated for Depression or Mental Illness? If so, we need an evaluation and clearance letter from your treating PCP or mental health provider to drive a commercial vehicle per DOT regulations BEFORE your physical. YES\_\_\_\_\_\_ NO\_\_\_\_\_\_\_\_
8. Do you have Sleep Apnea or a Sleep Disorder? If so we need consult from your sleep specialist or PCP with specific information BEFORE your physical. **If you use a CPAP machine, we will need to see usage statistics for the last month ( the company that manages your CPAP can provide this information for you)** YES\_\_\_\_\_\_\_ NO\_\_\_\_\_\_\_
9. Are you on medication s that require level monitoring, like Coumadin or Warfarin? If so please bring a copy of your most recent lab test results. YES\_\_\_\_\_\_\_ NO\_\_\_\_\_\_\_
10. Do you have pacemaker? If so you will need to bring documentation of your annual pacemaker check. YES\_\_\_\_ NO\_\_\_\_

**PLEASE NOTE: Most chronic health conditions including high blood pressure will only allow a certification for one year or less. Our practice follows the Department of Transportation guidelines outlined in the Medical Examiners handbook to determine if you meet the criteria for a DOT medical clearance and the length of time you will be certified. During the examination the clinician may find medial conditions that will require further evaluation from a medical specialist prior to certification. Once the evaluations are complete you will be able to return to our office with the necessary documentation to determine if you are fit for certification. Your signature below confirms your understanding of the above information.**

**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**