

DOT Medical Clearance: MEDICATIONS

DOT Physical Exam Medical Clearance

Patient _____

Date _____

DOB _____

The above driver has presented for a DOT medical certificate to drive a commercial motor vehicle. We ask for your professional opinion to determine if the driver is medically cleared to operate a commercial vehicle:

Please List Medications with Dosages Currently Prescribed For This Patient:

The demands of a commercial driver include loading/unloading heavy cargo, tarping trailers, coupling/uncoupling trailers, inspecting brake lines and putting on tire chains and require perceptual skills to monitor a complex driving situation and judgment skills to make quick decisions in addition to the ability to control an oversize steering wheel, shift gears using a manual transmission, maneuver a vehicle in crowded areas, enter and exit the cab frequently, and the ability to climb ladders on the tractor/trailer.

If your recommendation is that the driver can operate a Commercial Motor Vehicle safely as the above medications do not impair the patient's ability to safely perform all tasks of a Commercial Motor Vehicle Driver, please sign and date below.

Provider's Signature

Date

If it is your recommendation that the driver **cannot** operate a CMV safely with the above listed medications, please sign and date below.

Provider's Signature

Date

PRINT PROVIDER'S NAME _____

Address (City, State, Zip): _____

Please return this letter to our office by fax or email to:

Thank you for your assistance.