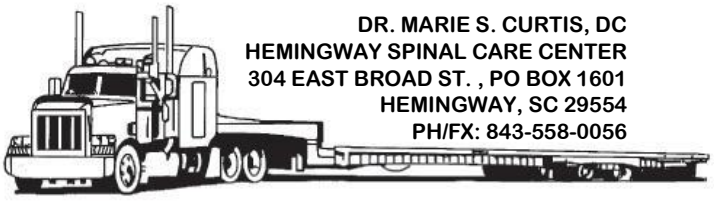

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DOT CLEARANCE FOR: HYPERTENSION

Please inquire with your treating provider's office, an office visit may be required for the completion of this form.

_____ _____

Patient Name DOB

Dear Provider:

DOT Reg. Section 391.41 (b) (6) states: "A person is physically qualified to drive a commercial motor vehicle if that person: Has no current clinical diagnosis of high blood pressure likely to interfere with ability to operate a commercial motor vehicle safely." Someone previously diagnosed with hypertension is required to maintain blood pressure of less than 180 systolic and 110 diastolic for a temporary (and one time only) three month certificate. If readings are less than 140 systolic and 90 diastolic a driver will qualify for a one year certification.

Before the patient can be cleared for driving a commercial motor vehicle, we need you to answer the following question regarding his/her Hypertension. You are not being asked to make the final determination, just a clinical opinion about the patient's ability to safely operate a commercial vehicle.

1. What was the date the hypertension was diagnosed? Month_____ Year_____

2. What are current medications? _____

3. Does the patient currently have any symptoms or side effects from medications?

   Yes _____ No _____ If yes, please explain: _____

4. What was the date and results of the three most recent Blood Pressure checks?

   A. Date: _____ BP: _____
   B. Date: _____ BP: _____
   C. Date: _____ BP: _____

5. Does the patient currently have blood pressure < 140/90?? Yes _____ No _____

6. Do you feel the patient is safe to drive a commercial motor vehicle in regard to his/her hypertension?

   ☐ Yes ☐ No If yes, please explain_____

(Please complete page 2 of this form)

Physician/Provider Statement:

I understand the above cited regulation and verify that the above named driver has current clinical control of hypertension with medication. His/Her ability to operate a commercial motor vehicle safely should not be compromised. This medical condition and medications given in recommended doses will not cause an acute risk of syncope or other symptoms that would impair driver's ability to safely operate a commercial motor vehicle. Enclosed please find appropriate documentation to support this statement.

Date of Exam	Provider Name (Print)	Provider Signature

Telephone#	License#	State of issue

Address	City	State	Zip

THANK YOU FOR ASSISTING YOUR PATIENT

**Please fax or have patient deliver this form and any additional relevant information.*