Renwick Tucker, D.C. 6064 Apple Tree Drive. Suite 5. Memphis, TN 38115

Telephone (901) 565-0025 Fax (901) 389-3617



Re: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, DOT Commercial Motor Vehicle Driver Medical Exam

 (Print Driver’s Name & Date of Birth)

Dear Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

 (Print Treating Doctors Name)

The above driver is attempting to acquire a DOT medical certificate to drive a commercial motor vehicle. Before being qualified to drive, FMCSA medical guidelines require 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 Bipolar disorder.

1. Driver must be symptom free for 6 months following a nonpsychotic major depression unaccompanied by suicidal behavior or
2. Driver must be symptom free for one year following a severe depressive episode, a suicide attempt, or a manic episode.
3. Driver complies with treatment program
4. Driver tolerates medication without side effects such as sedation or impaired coordination that would be a risk to commercial driving.
5. Treatment is adequate/effective, safe and stable and medication effects do not endanger the safety of the driver or public while operating a commercial motor vehicle.
6. Medication is not a first generation antidepressant.
7. Initial comprehensive evaluation and clearance from a mental health professional that is familiar with the duties, stressors, and responsibilities of safe operation of a commercial vehicle is required.
8. Driver does not have an active psychosis or any of the following prominent symptoms:
	1. Substantially compromised judgment
	2. Attentional difficulties
	3. Suicidal behavior or ideation
	4. Personality disorder that is repeatedly manifested by overt inappropriate acts.
9. Driver has a biennial evaluation and clearance from a mental health specialist (psychiatrist or psychologist) who is familiar with functions and demands of commercial driving.

If the driver meets the above requirements, 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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Signature Date

If the driver does not meet the above requirements and it is your opinion that the driver should be allowed to drive a commercial vehicle, DOT medical examiners may use discretion if there is sufficient medical reasoning for why the guidelines should not be followed. Should this be the case, please identify in the area below which guideline is not met, and the medical reason the driver is safe to drive. Then sign in the area provided and return a copy to our office.

**Guideline Not Met- Reason to allow to drive \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Signature Date

FMCSA regulations state that although the DOT Medical Examiner must have and consider the opinions of treating physicians, the DOT Medical Examiner is responsible for making the final determination of driver status. Please contact our office if you have any questions or concerns.

Thank you for your assistance.

Dr. Renwick Tucker