

Driver: _____ Date: _____

RE: Supporting Medical Information Requested

With their focus on highway safety, the Federal Motor Carrier Safety Administration (FMCSA) has an increasing emphasis on sleep disorders in commercial drivers which are associated with highway crashes. Obstructive Sleep Apnea (OSA) is one sleep disorder which has been associated with a risk of crashes three (3) times the risk of an average driver without OSA. In the interest of public safety the certifying medical examiner is required to certify that the driver does not have any physical, mental or organic defect of such a nature as to affect the driver's ability to safely operate a commercial motor vehicle. Thank you for your prompt response.

The above named individual has high-risk factors for OSA which are noted on the table below.

| High Risk Factors for OSA | | Other Factors |
|---|--|---|
| <input type="checkbox"/> BMI \geq 35 kg/m ² <input type="checkbox"/> Loud snoring <input type="checkbox"/> Witnessed apneas <input type="checkbox"/> Sleepiness during the major wake period <input type="checkbox"/> Neck size \geq 17 in. (male); \geq 15.5 in. (female) | <input type="checkbox"/> Small or recessed jaw <input type="checkbox"/> Small airway (Mallampati Scale score of Class 3 or 4) <input type="checkbox"/> Hypertension (treated or untreated) <input type="checkbox"/> Type 2 diabetes (treated or untreated) <input type="checkbox"/> Hypothyroidism (untreated) | <input type="checkbox"/> BMI \geq 28 kg/m ² <input type="checkbox"/> Age \geq 42 years old <input type="checkbox"/> Family history <input type="checkbox"/> Male or post-menopausal female <input type="checkbox"/> Experienced a single vehicle crash |

To assist us as the certifying examiner, we are requesting the following documentation from the cognizant healthcare provider regarding these exam findings.

Per DOT recommendations, the following criteria must be met to be considered qualified to drive:

1. No high risk factors for OSA are identified on exam/personal history OR
2. Diagnosis of OSA with documentation of compliance

Based on my knowledge of this individual's physical condition, in my medical opinion, this individual has Obstructive Sleep Apnea: ___ Yes ___ No

If yes, the OSA is controlled and the driver is compliant with prescribed treatment: ___ Yes ___ No

Sleep Lab Specialist - Summary of Compliance Report:

Physician Name – Print: _____ Physician Signature: _____

Phone Number: _____ Date: _____

Thank you for providing the above information. Please return this document to our secure fax line at 260-458-5917. Contact us with any questions at 260-373-9075.

Sincerely, _____

I authorize _____ to release the above medical information to Parkview Occupational Health.
 Signature: _____ Name-Print: _____ Date: _____