

Patient Name: _____ DOB: _____ Date: _____

Medical Examiner: _____ Treating Provider: _____

I am requesting your assistance regarding the below so that a DOT Examination can be completed for above patient:

1. Specific issue(s)

- Medication: _____
- Diagnosis: _____
- DOT Exam Finding or Testing Result: _____
- Specific result(s) needed: _____
- Specific Question: _____

2. Relevant information to consider

a. Medical Examiner comments/concerns/questions:

b. CMV driver job description (from CFR 49 391.41)

Social/Mental Factors	Physical Demands	Driving Demands
- Abrupt schedule changes and rotating work schedules - Irregular sleep patterns and beginning a trip in a fatigued condition - Long hours - Extended time away from family/friends, which may result in lack of social support - Tight pickup/delivery schedules, with irregularity in work, rest, and eating patterns - Adverse road, weather and traffic conditions, which may cause delays leading to hurriedly loading or unloading cargo in order to compensate for lost time - Environmental conditions such as excessive vibration, noise, and extremes in temperature - Transporting passengers or hazardous materials may add to demands on the commercial driver	- Coupling and uncoupling trailer(s) from the tractor - Loading and unloading trailer(s) - Lifting loads as much as 50,000 lbs. of freight after sitting for a long period of time without any stretching - Inspecting the operating condition of tractor and/or trailer(s) before, during, and after delivery of cargo - Lifting, installing, and removing heavy tire chains - Lifting heavy tarpaulins to cover open top trailers - The above tasks demand: agility, ability to bend and stoop, ability to maintain a crouching position to inspect the underside of the vehicle. frequent entering and exiting of the cab, the ability to climb ladders on the tractor and/or trailer(s)	- Perceptual skills to monitor a sometimes complex driving situation - Judgement skills to make quick decisions, when necessary - Manipulative skills to control an oversized steering wheel, shift gears using a manual transmission, and maneuver a vehicle in crowded areas Please Note: the driving task might be the least demanding aspect of the job

Treating Provider - please complete based on specific above request(s)
 Medical condition(s)
 Any new diagnosis(es) based on above DOT Exam findings/results Yes No _____

 Diagnosis(es) for which you treat the patient: _____

a. Is the treatment plan being followed and been shown to be adequate, safe and stable?

 Yes No

b. Based on the CMV driver job description above, does this patient have any activity restrictions?

 No Yes

 Medication(s)

Medications you prescribe this patient, including dosage and schedule: _____

 a. Are all prescribed medications being taken as directed? Yes No

 b. Are there any side effects from medication(s) that you prescribe that would adversely affect the patient's ability to safely operate a CMV? No Yes

 Requested Results attached: _____

Treating provider comments on above:

Treating Provider: _____ Signature: _____ Date: _____

Phone Number: _____ Fax Number: _____

Please complete this form and send with any testing results to our secure fax line 260-458-5917. Contact our DOT Coordinator with any questions at 260-373-9300