

DOT – OBSTRUCTIVE SLEEP APNEA INFORMATION REQUEST

CDL Driver's Name: _____

CDL License#: _____

The CDL driver's treating provider for Obstructive Sleep Apnea (OSA) must complete this form.

1. Are you aware of the driver's prescribed medications and/or any over-the-counter medications that the driver currently uses:

- a. List those used to keep driver awake/ alertness _____
- b. List those used to help the driver to sleep: _____

Your professional medical opinion on whether the effects of these medications on the individual will medically interfere with the driver's ability to operate any/all commercial motor vehicle(s) safely.

- c. List all other medications: _____

2. Date of the diagnostic Polysomnogram (PSG) or split night PSG? _____

- a. What was the diagnostic apnea/hypopnea index (AHI)? _____
Lowest oxygen saturation? _____

3. Date of the Positive Airway Pressure Titration Study? _____

- a. What was the AHI at recommended pressure from either of these, or the split night? _____
Lowest oxygen saturation? _____ What was the recommended pressure? _____ cwp

4. Date of any other sleep tests: MSLT _____ MWT _____ Was it 4 nap opportunities of 40 min each? _____

- a. What was the result of the MSLT and/or MWT? _____

5. Method of OSA treatment: Positive Airway Pressure _____ Dental Appliance _____ Positional _____

Surgery _____ Other (please specify) _____

- a. Did the driver have symptoms of daytime sleepiness? _____

Was there sleepiness while driving? _____

- b. Is the current method of treatment effective in resolving the driver's excessive sleepiness, including while driving? _____

- c. If driver had surgery, was a post PSG given? _____ If yes, what was the new AHI? _____

If no, please give explanation: _____

- d. Is the driver still required to use a positive airway pressure machine after surgery? _____

The final question is only for CDL drivers who use a positive airway pressure machine, such as CPAP, APAP, BPAP, ASV:

A CDL driver with OSA using a positive airway pressure machine as treatment may be certified if being successfully treated. For the CDL driver to show successful treatment, the CDL driver must demonstrate good compliance with treatment. Compliance is defined as using the machine for the duration of sufficient total sleep time. Additionally, if the CDL driver had excessive sleepiness when driving, the CDL driver must demonstrate resolution of the excessive sleepiness. Optimal treatment efficacy occurs with seven (7) hours or more of use during sleep every night at recommended pressure.

6. As the CDL driver's treating provider for Sleep Apnea, I confirm that I have reviewed _____ months of the driver's positive airway pressure machine data downloads: _____

a. What is the AHI recorded on the data download? _____

Is the average use at pressure for "ALL" nights (not just "nights used") 4 hours or greater? YES ____ NO ____

If no, please provide percentage that is over 4 hours _____. What is being done to increase nightly use?

b. If the driver's machine does not download, how are you monitoring the driver's usage?

7. Your professional opinion as to whether the driver's sleep disorder is satisfactorily controlled, and if it would interfere with safely operating a commercial motor vehicle.

a. Yes, driver's OSA is controlled and the recommended treatment plan is being followed.

b. No, driver's OSA is not currently controlled and the recommended treatment plan is not being followed.

Treating Provider Comments:

Treating Provider Signature: _____

Treating Provider Printed Name: _____

Phone#: _____ Date: _____