



## ATTENTION DOT DRIVERS



Reasons below may cause a delay and/or disqualify DOT drivers. If any of the below apply, you may want to consider rescheduling your DOT exam until after obtaining the required information/documentation.

Medical Condition	Circle Yes or No	Required Documentation
<b>DIABETES</b>	<b>YES / NO</b>	<ul style="list-style-type: none"> <li>List of All Medications</li> <li>Name of Prescribing Physician</li> <li>Last 3 months of labs, including an A1C</li> <li>EKG within the past 2 years. EKG can be provided at time of DOT exam for an additional fee.</li> <li>Clearance Letter from Primary Care Provider.</li> </ul>
<b>HIGH BLOOD PRESSURE</b>	<b>YES / NO</b>	<ul style="list-style-type: none"> <li>List of All Medications</li> <li>Name of Prescribing Physician</li> <li>Stage 1 (140/90-159/99): Driver may be certified for 1 year.</li> <li>Stage 2 (160/100-179/109) Driver may be certified one time for 3 months.</li> <li>Stage 3 (greater than 180/110): Driver is disqualified.</li> </ul>
<b>EPILEPSY/ SEIZURES</b>	<b>YES / NO</b>	<ul style="list-style-type: none"> <li>List of All Medications</li> <li>Name of Prescribing Physician</li> <li>Records from PCP</li> </ul>
<b>HEART DISEASE-</b> Such as heart attack, stent placement, any kind of cardiac surgery, etc.	<b>YES / NO</b>	<ul style="list-style-type: none"> <li>Stress test results within the last 2 years</li> <li>Clearance Letter from Cardiology. (EF must be &gt;40% and EKG must be free of ischemic changes.)</li> </ul>
<b>SLEEP APNEA</b>	<b>YES / NO</b>	<ul style="list-style-type: none"> <li>Most recent sleep study reports (within the past year)</li> <li>CPAP Compliance report. (Compliance is defined as use for 70% of evenings for at least 4 hours each evening for 30+ evenings.)</li> </ul> <p><b>Drivers who demonstrate certain risk factors for sleep apnea will be required to undergo a sleep study which must be ordered by their Primary Care Provider and are subject to provide the above documentation.</b></p>
<b>RECENT SURGERY</b>	<b>YES / NO</b>	Any recent surgeries that affect a driver's ability to safely operate a commercial vehicle may require a clearance letter from the performing surgeon.
<b>RESPIRATORY DISEASE</b>	<b>YES / NO</b>	Any driver with a history of respiratory disease (such as COPD) may require a lung function test during DOT Exam. Addition fees will apply.
<b>VISION PROBLEMS</b>	<b>YES / NO</b>	Drivers who wear corrective lenses or have vision issues who have not had an eye exam within the last 2 years may want to consider getting their eye exam updated prior to their DOT exam.

### Medication Disclaimer

DOT providers need to know **all** of the medication that you take. Some medications may automatically disqualify a driver, while others may be permissible at the discretion of the DOT exam provider. The most accurate way to report your active medications is a print-out from your pharmacy listing all of the medications you have filled for the past 90 days. A printed list of active medications from your primary care provider may also be accepted. **To encourage honesty of reporting DOT providers will also check the Florida Prescription Database (E-FORSCE).**

**Please note:** Failure to provide required documentation at time of DOT exam will result in your certification being placed in "pending" status in the DOT registry until all documentation is received. You will have 45 days to provide your documentation from the date of your exam and there will be a \$15 forms fee per document for review by our physicians.

Patient Name: \_\_\_\_\_ Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_