



Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Yes No **Are you on any medications?** Please provide a list of your prescriptions.

Yes No **Do you have diabetes?**

- Bring Hemoglobin A1C results, drawn within last three months.
- Bring a note from your PCP stating your blood sugar is controlled on your medications.
- Are you on insulin? If so, the Insulin Treated Diabetes Mellitus Assessment Form, MCSA-5870 needs to be completed by your Primary Care Provider and returned to us before an examination can be performed.

Yes No **Do you have a cardiac condition including Stents, Pacemaker or Defibrillator?**

- Bring a note from your cardiologist that states "the patient is safe to drive a commercial motor vehicle"
- Stents: Bring results of last stress test, if applicable.
- Coronary artery bypass surgery: Bring results of last stress test, if applicable
- Pacemaker users: Bring a card indicating what type of pacemaker has been implanted.
- Defibrillators are an automatic disqualification.

Yes No **Do you have Sleep Apnea?**

- Bring record of CPAP usage, must be average of greater than 4 hours per night for over 70% of nights.

Yes No **Do you have a psychiatric condition like depression/anxiety/bipolar disorder or take a sleeping pill?**

- Bring a note from your PCP stating how well your condition is controlled and if you are safe to operate a commercial vehicle.

Yes No **Have you had a recent surgery (within last year)?**

- Bring a note from your treating physician regarding work restrictions, if any.

Yes No **Are you on a blood thinner?** Bring documentation of your last INR.

Yes No **Do you require a hearing aid or glasses for your DOT license?**

- Bring corrective eyewear and/or a recent audiogram, performed with your hearing aids. Audiogram should be less than one month old.

Yes No **Are you currently on disability and/or restrictions?** What are your restrictions?

Yes No **Have you had a stroke or do you have a neurological condition?**

Drivers may be disqualified, placed on determination pending, or given a short period of certification if supportive documents are not available at the time of the examination.

I certify that the information that I have provided on this page, on my DOT long form, and what I disclose to the provider today is accurate. I understand that if I provide false, inaccurate, or missing information this will result in a disqualification of my DOT certification.

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Signature of driver

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Date

**Please note:**

**There will be an additional charge for review of supporting documents, for drivers placed in the "determination pending" status.**