



Unity Family Health Care
1644 Valley Rd Ste A
Berkeley Springs, WV 25411
Phone: (304) 500-2567 Fax: (304) 500-2748

Do you take any prescription OR over the counter medications?

- List of medications including dosages. (Bottles/Packages are preferred)

Do you have diabetes?

- Hemoglobin A1C results from within the last 3 months
- Waiver for insulin dependent patients

Do you have high blood pressure?

- List medications including dosages. (Bottles/Packages are preferred)

Do you have suspected or diagnosed obstructive sleep apnea?

- A printout from your CPAP machine for 90 days showing use for at least 4 hours/night and at least 70% compliance.
- If your BMI is 33 or greater you will need a sleep study to rule out sleep apnea.

Do you have coronary artery disease, heart or cardiovascular problems?

- Stress test results from within the last 2 years
- Documentation from your cardiologist stating you are cleared to drive a commercial vehicle.
- If taking Coumadin (Warfarin): copies of 2 INRs at least 30 days apart within the therapeutic range.

Do you or have you ever had any neurological conditions? (Stroke, Seizures, Tremors, Etc.)

- Documentation from your neurologist stating you are cleared to drive a commercial vehicle

Have you had any surgeries in the last year?

- Documentation from your surgeon stating you are cleared to drive a commercial vehicle

Do you have asthma or other Pulmonary Conditions?

- Pulmonary Function Test from within the last year OR we can test you here for an additional cost of \$45.

Age 35 and Older: Are you a current OR former smoker?

- Pulmonary Function Test from within the last year OR we can test you here for an additional cost of \$45.
 - If the proper documentation is not brought in at the time of your physical, you may be temporarily disqualified and given up to 45 days to obtain the information that is required. During this time, you will not be able to drive.
 - There may be other conditions that require additional documentation from your Primary Care Provider or Specialist that is not included in this above list.



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Medical Information and Doctor Verification Needed to Qualify for Commercial Motor Vehicle Certificate

Patient Name _____ Date of Exam _____

Hypertension **Diabetes** **Cardiac Status** **Hearing Loss Vision**

Musculo/Skeletal **Seizure** **Medication** **Respiratory Status** **ADD/ADHD**

Undocumented Condition or Surgery **Blood/Protein/Glucose Present in Urine**

Suspected or Established Obstructive Sleep Apnea **Other**

____ **Hypertension** is treated and stable (we will need 2 normal blood pressure readings taken on 2 separate dates documented at your doctor's office and a normal reading at our clinic upon return with your doctor's note).

____ **Cardiac Conditions** require annual clearance by a cardiologist and a Bruce Protocol Stage II stress test within the last 24 months demonstrating Absence of Reversible Ischemia. Echo or nuclear stress test must also show EF>40%

____ **Diabetes** is treated, stable and that you have not had a diabetic coma or insulin shock. Hemoglobin A1c within the last 3 months is needed along with a log of finger stick glucoses.

____ **Vision** section of the DOT form completed by an optometrist or ophthalmologist.

____ **Sleep Specialist** evaluation to include overnight Polysomnogram (sleep study) or if previously diagnosed, an annual evaluation indicating continuous and effective treatment of OSA (obstructive sleep apnea).

____ **Coumadin** regulated for a minimum of 3 months with INR in therapeutic range.

FINDINGS AND CONCERNS TODAY _____

Treating Physician, Please Provide:

- ✓ Diagnosis, Treatment Plan and is the patient's condition stable to drive commercial motor vehicle _____
- ✓ Limitations and/or Restriction _____
- ✓ Medications (does and frequency) and are they adequate, effective, safe and stable to drive a commercial motor vehicle or work on these medications _____
- ✓ Is the patient experiencing any adverse reactions to the medication that may interfere with function _____

Sincerely,

Provider Name/Date

Provider Signature

Facility Name

Phone Number

UFHC Health Provider Print/Sign

Attention Drivers:

According to the Federal Motor Carrier Safety Administration:

"Deliberate omission or falsification of information may invalidate the examination and any certificate issued based on it. A civil penalty may also be levied against the driver under 49 U.S.C. 521(b)(2)(b), either for making a false statement of for concealing a disqualifying condition."

More information can be found on:

<https://www.fmcsa.dot.gov/fag>

and

<https://www.fmcsa.dot.gov/fag/what-happens-if-driver-not-truthful-about-his/her-health-history-medical-examination>