



REQUEST FOR MEDICAL INFORMATION

Driver's Name _____

DOB _____

The above named individual will be seen in our clinic on _____ for a Department of Transportation (DOT) Medical Certification Examination. In the interest of public safety, the certifying medical examiner is required to certify that the driver does not have any medical conditions or diagnoses that that may affect the driver's ability to safely operate a commercial motor vehicle.

This driver has reported a history of the following condition(s):

Hypertension (Documentation of a blood pressure reading of 140/90 or below at a medical visit within 45 days of the driver's exam and/or longer term trends will assist in medical clearance of the driver).

Diabetes

Mental health diagnoses

Other relevant diagnoses (please specify) _____

I authorize _____ to release medical information to clinical staff at Olde Towne Medical Center that is relevant to my DOT physical for a Commercial Driver's License.

Driver's Signature _____

Driver's Name _____

Date _____

As the treating medical doctor, nurse practitioner or physician's assistant identified by this driver, we are asking you to

- 1) attach a current list of medications prescribed to this individual.
- 2) attach relevant records if applicable and helpful in assessing the identified medical condition. This may include documentation of blood pressure in your office or lab results (such as a hemoglobin A1C) or recent visit note or letter from you.
- 3) identify any other conditions not listed by the driver that may be of concern in safely driving a commercial motor vehicle.
- 3) sign in the box below to certify your medical opinion of whether your patient is safe or not safe to drive a commercial motor vehicle.

Based on my knowledge of this individual's medical condition(s), in my medical opinion, this individual is safe to drive a commercial motor vehicle per DOT standards.

Yes **No**

MD/NP/PA Signature _____ Date _____

Print Name _____ Phone _____

Practice Address _____

This form can be faxed to Olde Towne or given to the driver. Feel free to add any additional comments in the space below if desired:

Olde Towne Medical & Dental Center
5249 Olde Towne Road
Williamsburg, VA 23188
Phone: 757-259-3258
Fax: 757-220-1953
www.otmdc.org/dot-physicals