

DOT EXAM REQUIREMENTS CHECKLIST

To help us complete your physical in a timely manner, please bring with you any of the items in the table below that are applicable to your health history.

In addition, bring a list of all medications that you are currently taking and their dosages. If you do not have the required information, we will not be able to certify you and you'll need to return with the information within a given time frame.

REMINDER: DO NOT URINATE PRIOR TO COMING FOR THE DOT EXAM, AS A URINE TEST IS REQUIRED

<p>Vision Correction</p> <ul style="list-style-type: none"> • Pair of glasses or contacts • If you are blind in one eye (monocular vision), you must bring form MCSA-5871 filled out by your ophthalmologist or optometrist. 	<p>Hearing Assistance</p> <ul style="list-style-type: none"> • Current hearing test and hearing aids from your audiologist • Any hearing aids
<p>Heart, MI, Stents, Angioplasty/Angina</p> <ul style="list-style-type: none"> • Cardiologist or provider statement indicating you can operate a commercial motor vehicle safely from a cardiac perspective • Copy of most recent echocardiogram 	<p>Stroke, Seizure, Traumatic Brain Injury, TIA</p> <ul style="list-style-type: none"> • Neurologist or provider statement indicating you can operate a commercial vehicle safely from a neurologic perspective
<p>Diabetes</p> <ul style="list-style-type: none"> • Copy of HgA1c results - must be within last six months • All prescribed diabetes medication • DOT insulin paperwork: MCSA-5870 form filled out by the provider who manages your IDDM, if applicable 	<p>Depression, Anxiety, Bipolar, PTSD, Panic Disorder</p> <ul style="list-style-type: none"> • Provider note stating your medications are tolerated with no daytime sleepiness and indicating you can operate a motor vehicle safely*
<p>Blood Pressure</p> <ul style="list-style-type: none"> • Physician note indicating you are being treated to control your blood pressure, with a reading of 140/90 or less • List of medications and dosages 	<p>Sleep Apnea, Sleep Disorders**</p> <ul style="list-style-type: none"> • Copy of sleep study (if not on file at the medical examiner's Office) • Copy of 90-day CPAP compliance report
<p>Coumadin, Warfarin</p> <ul style="list-style-type: none"> • Copy of your most recent INR test results 	<p>Medications with Risk of Sedation</p> <p>Provider note stating*:</p> <ul style="list-style-type: none"> • Your medications and dosages • How long you have been on the medications • Whether you tolerate the medications with no daytime sleepiness • You are capable of operating a commercial motor vehicle safely while on the medications

*There are instances where we are unable to issue a medical certificate pending information regarding the prescribed medication(s).

**If you use a CPAP machine, we will need to see usage statistics for 30 days for initial certification and 90 days to one year for recertification. This can be obtained from the company that manages the CPAP machine.

PLEASE NOTE: Most chronic health conditions, including high blood pressure, will only allow us to certify you for one year or less. We follow criteria established in *The DOT Medical Examination, An Unofficial Guide to Commercial Drive's Medication Certification*, Seventh edition by Natalie Hartenbaum and the FMCSA Medical Examiner's Handbook, 2024 edition, to determine if you meet the guidelines for DOT medical clearance and the length of time you may be certified. During the examination, the provider may find medical conditions that will require further evaluation by a specialist prior to certification.

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