INFORMATION REGARDING YOUR UPCOMING DOT EXAMINATION

Thank you for choosing Boundary Community Clinics for your DOT Medical Certification Examination. Please read the following information before arriving for your CDL examination appointment.

The fee for a DOT physical is $125 and unless you are an employee of the county the exam will be an out of pocket expense due at the time of service and is ***not*** billable to your insurance.

You, the driver are responsible for bringing your own forms to the visit. The Medical Examiners Report for Commercial Driver Fitness Determination, which you can obtain from the DOT website or DMV is required for your exam. It is not provided at the office, but is available on our website and your ***appointment may* be *rescheduled*** if you do not complete this form **prior** to arrival for your appointment.

Effective May, 2014, The Federal Motor Carriers Safety Administration (FMCSA) has implemented new guidelines for medical certification and recertification for commercial driver licenses under the Department of Transportation (DOT).

The following medical conditions may require additional testing and/or follow up prior to being issued a medical certificate. It is suggested that you take this letter to any specialists’ offices to clearly identify what is needed in the letters regarding your medical conditions.

**Diabetes:** Required: Recent ***(within 3 months)*** a copy of your **hemoglobin A1C,** and copy of your diabetic eye exam within the past year.

**Heart Disease, History of heart attack, stent placement, Bypass or any other heart procedures:** Required: A letter from your treating cardiologist stating the condition is stable, and you are ***able to operate* a *commercial motor vehicle.*** This must be ***specifically*** stated in the letter. Your annual cardiology examination must include stress test results.

**Pace Maker:** Required: An annual evaluation and letter from your treating cardiologist stating the condition is stable, and you are **able to operate a commercial motor vehicle.** This must be ***specifically*** stated in the letter.

**Congestive Heart Failure (CHF):** Required: An annual evaluation and letter of clearance from your cardiologist stating you are **able to operate a commercial motor vehicle.** This must be ***specifically*** stated in the letter. The evaluation must include a copy of your **annual echocardiogram.**

**Stroke/TIA:** If you have ever had a stroke or other conditions which may require you to be on a Coumadin or Warfarin, please bring a recent copy of your PT/INR (within 3 months) to your appointment.

**Seizures:** Please note: many seizure disorders are automatically disqualifying for operating a commercial motor vehicle. A letter from your neurologist verifying you have been **seizure free for 1O years and off seizure medication for 1O years and are able to operate a commercial motor vehicle.** This must be ***specifically*** stated in the letter.

# Chronic Pain Syndrome:

Required: If you are prescribed any controlled medications such as narcotics, antidepressants, or sedatives, your prescriber must write a letter **stating you have been informed not to take**

# any narcotic or controlled substance within eight hours of driving.

**Sleep Apnea:**

Required: A letter from your pulmonologist stating that you have been **compliant with treatment of your sleep apnea** and a copy of your annual sleep study must accompany you to your appointment.

# Insomnia:

Required: If you are prescribed any sleeping aids, your prescriber must write a letter stating you have been informed not to take this medication within eight hours of driving.

# Anxiety/Depression/Mental Health, Attention Deficit Disorder or Hyperactivity:

Required: If you are prescribed any controlled medications such as narcotics, antidepressants, or sedatives, your prescriber must write a letter stating you have been informed not to take any narcotic or controlled substance within eight hours of driving. This letter must also state the condition is **stable and you are able to operate a commercial motor vehicle.**

**Reminder:**

If you wear corrective lenses or hearing aids, please be sure to bring these items with you for your medical examination.

Please note: Some conditions may be discovered during the examination which may require further evaluation and testing at an additional expense. However, you will only be charged for the actual examination fee of $125 once. You will not be required to pay for an additional examination pending further workup if completed within a 6-month period of time. Any examination needed after 6 months from the date of exam will require a new examination fee.

Please also note that we do not provide drug screening with this exam as it is not a standard required by the Federal Motor Carriers Safety Administration but may be required by your company. If your company makes this a requirement you must have it performed outside of this clinic site.

Sincerely,

Boundary Community Clinics