

Neurology DOT Form

Dear Dr. _____, Neurologist

Patient Name _____, DOB _____

The above named patient is applying for a new/renewal of their Commercial Driver's License (CDL). New regulations make it imperative that the patient receive a neurology consult. The consult must contain certain tests and opinions. Please address the circled areas and attach requested tests.

Diagnosis: _____

Medications: _____

Seizures*

- _____ Seizure-free period.
- _____ Length of time off anticonvulsants.
- _____ Normal physical examination.
- _____ Neurological examination.
- _____ Including neuro-ophthalmological evaluation.
- _____ Neuropsychological test. *Please attach testing.
- _____ Clearance from a neurologist who understands the functions and demands of commercial driving.

Strokes*

- **The neurological examination should include assessment of:**

- _____ Cognitive abilities.
- _____ Judgment.
- _____ Attention.
- _____ Concentration.
- _____ Vision.
- _____ Physical strength and agility.
- _____ Reaction time.

Type of stroke _____

Time from the stroke _____ **

TBI (Severe TBI will not get CDL).

- **The driver with a mild to moderate TBI who has:**

- _____ Completed the minimum waiting period seizure-free and off anticonvulsant medication.
- _____ Seizure-free.
- _____ Normal physical examination, neurological examination including neuro-ophthalmological evaluation.
- _____ Neuropsychological test. *Please attach testing.
- _____ Clearance from a neurologist who understands the functions and demands of commercial driving.
- _____ The patient is low risk for sudden incapacitation.

Neurology Consult Results:

- **Waiting period**
- **Minimum – 1 year seizure-free and off anticonvulsant medication following:**
 - Mild insult without early seizures.
 - Stroke without risk for seizures.
 - Intracerebral or subarachnoid hemorrhage without risk for seizures.
- **Minimum – 2 years seizure-free and off anticonvulsant medication following:**
 - Moderate insult without early seizures.
 - Mild insult with early seizures.
- **Minimum – 5 years seizure-free and off anticonvulsant medication following:**
 - Moderate insult with early seizures.
 - Stroke with risk for seizures.
 - Intracerebral or subarachnoid hemorrhage with risk for seizures.
- ****Certification/Recertification – Embolic and Thrombotic Strokes**
 - Waiting period.
 - Minimum – 1 year if not at risk for seizures (cerebellum or brainstem vascular lesions).
 - Minimum – 5 years if at risk for seizures (cortical or subcortical deficits).

Thank You.

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