

Primary Care DOT Form

Dear Dr. _____, Treating doctor

Your patient _____ DOB _____

Is applying for a new/renewing Commercial Drivers License (CDL). Rules governing the CDL have changed per Department of Transportation (DOT).

Please address the highlighted areas and attach required testing so that your patient may be successful in their quest for a CDL.

Diagnosis: **Diabetes**

Diet controlled _____

Oral meds _____

Insulin - Patient cannot be DOT certified if taking insulin.

Adult Meds _____

The patient's meds have been STABLE/CHANGE on dose _____

_____ Patients blood sugars, FBS log for 1 month and attached average 90-120

_____ HgA1c _____ 8 or less. *Please attach test.

_____ Any hypoglycemic episodes in the last year requiring medical intervention

Diagnosis: **ADHD**

_____ Source of diagnosis. Attach copy of testing.

_____ No drug -induced impairment. _____

_____ No tendency to increase the dose. _____

_____ Disqualifying underlying condition (e.g., narcolepsy). _____

_____ Treatment side effects that interfere with safe driving. _____

_____ Adequate vigilance and attention for CDL. _____

_____ Able to perform simple tasks (not complex intellectual functions.)

_____ Able to perform complex intellectual tasks and functions associated with

CDL.

_____ Any accommodations required by patient to perform job tasks.

Please feel free to call my office at 816-380-3582 with any questions regarding this consult.

Sincerely,

Dr. Damon K. Travis, D.O.
Certified Commercial Motor Vehicle Examiner
National Registry #2069216159