

**Important information regarding your Medical Examiners Certificate (DOT card).
Please read carefully!**

Driver name: _____

Expiration date of current DOT card: ____/____/____

Please contact Kingston Worx at 845-331-7751 to schedule your physical appointment not later than 60 days prior to the expiration date of your current medical examiners certificate.

You need a current, valid medical examiners certificate (dot card) in order to maintain your commercial driver license and to continue operating a commercial motor vehicle or bus.

The Federal Motor Carriers Safety Association (FMCSA) has increasingly complex standards that must be followed.

To make your physical examination visit go smoothly and ensure that you are qualified during your initial visit physical examination you must:

- Bring your valid driver license.
- Bring a list of your current medications, their dosages and how often you take them.
- Know your complete medical history. This includes a list of any surgeries and the dates you had them.
- Bring your glasses, contacts or hearing aids if you need them to see or hear. A vision and hearing test are required components of the certification process.
- Be prepared to provide a urine sample
- If you have blood pressure problems, avoid smoking and caffeine right before your appointment.
- If you have certain medical conditions, you will need to bring information and clearance from your primary care provider in order to be qualified. Failure to do so could result in a delay in your certification and impact your ability to continue driving. A brief guide to these conditions follows this notice along with the necessary forms your primary care provider will need to complete in order for you to be successfully certified.

All certified medical examiners must follow and comply with all guidelines set forth by the FMCSA.

Your cooperation and diligence in coming to your appointment prepared with the necessary information will enable us to certify you and keep you driving.

Instructions for diabetics:

If you need insulin to control your diabetes, we may issue a medical examiners certificate to you but you also must obtain a federal diabetes exemption in order for your card to be valid.

For diabetics that do not use insulin, a clearance letter from your primary care physician stating that your control has been satisfactory and there have not been any episodes of hyperglycemic or hypoglycemic shock in the past five (5) years. If there have been episodes of hyperglycemic or hypoglycemic shock, your primary care physician will need to provide details about the incidents and how many you have had.

The clearance letter must also give your last A1C result and the date it was performed.

The necessary letter is included with these instructions.

Instructions for hypertension (high blood pressure):

Your blood pressure must be 140/90 or less during your examination in our office.

You must have a list of medications you are taking and the name of the primary care physician treating you for your hypertension.

Instructions for Heart Disease

Any history of cardiac problems, CHF, MI (Myocardial Infarction or heart attack) stents, surgeries, bypass, valve problems, murmurs, A-fib or rhythm disturbance.

You will need a letter from **your cardiologist** that clears you to drive a CMV

Tests required for certain conditions:

If you have had a **heart attack** and/or had a **stent** placed you will need an exercise stress test (ETT) done within the past 2 years. This must be a treadmill test and you need to get up to 6 METS, reach your target heart rate, and have an appropriate BP response without signs of strain or ischemia.

If you have had **bypass surgery (CABG)** you will need a copy of a stress test done after the surgery. Five years after the surgery you will need yearly treadmill stress tests and you need to get up to 6 METS, reach your target heart rate and have an appropriate BP response without signs of strain or ischemia.

For **CHF or valve** problems a copy of an echocardiogram would be helpful. You would need to have an LVEF of 40% or more.

Instructions for Sleep Apnea (OSA):

If you suffer from sleep apnea, you will need to provide documentation that you are compliant with CPAP (that you use the CPAP machine the majority of the time). Your machine contains a chip/card that can be taken to the company that supplies it in order to obtain a compliance report. Some chips/cards can be read over the phone. For more information, contact the supplier of your CPAP device or refer to the instructions included with it. **We have included a form to bring to your CPAP provider explaining what is required.**

If you have symptoms of OSA, (snoring, pauses in breathing during your sleep or daytime drowsiness) but have not yet been diagnosed, you may be required to have a sleep study performed to document whether or not you have it.

Obesity is a contributing factor to developing OSA. If you are overweight, consider pursuing a weight loss and nutrition program.

Instructions for Kidney Disease:

For any stage of kidney failure, you will need a letter from your primary care provider that clears you to drive. ***The letter must include readings for BUN, Creatinine and GFR.***

Instructions for COPD and Asthma:

If you have Asthma, COPD (Chronic Obstructive Pulmonary Disease/Chronic Bronchitis) or Emphysema, you should bring a list of your medications and be prepared to take a Pulmonary Function Test (PFT) if deemed necessary by the medical examiner. More severe cases will require clearance from a pulmonologist.

Instructions for smokers:

Smokers over the age of 35 may be required to take a Pulmonary Function Test (PFT) to determine their overall lung function. it can be performed in this office or in the office of a pulmonary doctor (some primary care physicians also have the equipment in their offices). Please bring the results of any Pulmonary Function Testing within the last 30 days with you to your appointment.

Instructions for sedating medications:

If you are taking any potentially sedating medications or drugs that could impare your reflexes, you must obtain a letter from your primary care provider. **We have included instructions explaining what is required for your primary care provider.**

We want this process to be as pleasant and simple as possible. Our goal is to keep drivers healthy and driving.

By following these instructions and obtaining the necessary documentation for conditions that affect you as outlined above you should be able to be qualified without difficulty provided no new conditions are discovered during your examination.

If information is missing you may have to return for another complete physical examination at a later date.

If you have any questions about these instructions or the certification process, please do not hesitate to contact us at 845-331-7751.



HealthAlliance
Westchester Medical Center Health Network



25 Barbarossa Lane, Kingston, NY 12401; 845-331-7751 845-331-7758 FAX

DOT - Medical Clearance Letter

Date _____

Your patient has been examined in accordance with the Federal Motor Carriers Safety Administration regulations for commercial carriers. DOT/FMCSA regulations require us to follow-up on our client's health history throughout the year. The requested information is necessary for your patient to continue to work as a commercial truck or bus driver.

Thank you for your assistance,

My Patient _____ DOB: _____ is currently under my regular care for:

I am treating this/these conditions with:

Please send:

_____ ETT/stress test and/or ECHO. Note: LVEF must be $\geq 40\%$. ETT must be Bruce protocol (they must get on a treadmill) and must exercise to > 6 METS, meet target HR, have an appropriate BP response with no significant ischemia.

_____ Other tests: _____

For diabetics:

The control has been: _____ Satisfactory _____ Unsatisfactory

There _____ HAVE or _____ HAVE NOT been any incidents of hyperglycemic or hypoglycemic shock for a period of two years.

A1C _____ Date: _____

NOTE: All DOT drivers must have a BP $\leq 140/90$

Given the complex physical and mental requirements of operating a commercial motor vehicle plus the current diagnosis and treatment, do you believe that your patient can safely drive a commercial truck or bus (including a school bus)?

_____ YES _____ NO

Health Provider Signature

Health Provider Printed name or stamp

Date

**HealthAlliance**

25 Barbarossa Lane, Kingston, NY 12401 845-331-7751 845-331-7758 fax

OSA Obstructive Sleep Apnea – CPAP letter

Re: _____ DOB: _____ Date: _____

As part of your DOT physical, you will need to provide proof of compliance with your obstructive sleep apnea (OSA) regimen. You will need to provide a copy of the CPAP device report which shows actual time used over the past year. This report is obtained from the provider of your machine. It needs to show use of greater than 4 hours use per sleep period for at least 70% of the sleep periods.

For persons with an established diagnosis of OSA who do not have a recording CPAP, a one year exception to the machine readout report will be allowed. In this case you will need a letter from your doctor/provider stating that you are compliant in use of the machine, that you have no daytime drowsiness and he/she believes that your OSA does not cause any problems which would affect whether you can safely operate a CMV. At your next physical (in one year) you will need to have changed to a machine that provides readout data.

**HealthAlliance**

25 Barbarossa Lane, Kingston, NY 12401 845-331-7751 845-331-7758 fax

DOT Controlled or Sedating Medications LetterRe: _____ **DOB:** _____ Date: _____

Dear Medical Provider,

Your patient has been examined in accordance with the Federal Motor Carriers Safety Administration regulations for commercial carriers. It was noted that he/she is taking one or more medications which might impair his/her ability to operate a commercial motor vehicle or school bus safely. We are required to give careful consideration of the effects of medications on a driver's ability to operate a CMV safely before rendering the driver qualified.

In order to medically certify your patient to drive a commercial vehicle we need a letter from you stating:

What medications your patient is taking that are controlled, are potentially sedating, that might depress reflexes, or in any way adversely affect their driving ability. We will need to know the dosage and how they are taking it.

A statement that your patient is using the medications appropriately and that the medications are not affecting his/her ability to operate a commercial motor vehicle or school bus safely.