COMMERCIAL DRIVER MEDICAL CLEARANCE LETTER

DOT EXAM CLINICS, LLC

JOHN SOUZA, MD

DR

_____

_your patient _____-

_____ operates a operates a commercial vehicle and therefore needs a specific clearance from you in order for me to medically certify. Per the FMCSA standards, I am requesting to consider the patients diagnosis you are treating, treatment plan, compliance, and any medications you prescribe to determine from your perspective if the patient is able or not able to safely operate a commercial vehicle. We are only asking your clearance for the condition or conditions you are treating. SEE BLOW.

CORONARY ARTERY DISEASE ATRIAL FIBRILLATION CONGESTIVE HEART FAILURE

PACEMAKER SEIZURE DISORDER OBSTRUCTIVE SLEEP APNEA DIABETES

MENTAL HEALTH PROBLEMS COPD CHRONIC PAIN DRUG OR ALCOHOL ADDICTION

HISTORY CVA HISTORY OF SYNCOPE HISTORY OF RECENT SURGERY

HISTORY OF RECENT INJURY RESULTING IN LOSS OF WORK

SPECIFIC MEDICATIONS OF CONCERN_____

DATE OF LAST FOLOW UP VISIT_____

CLEARED TO OPERAT E A CMV_____

NOT CLEARED TO OPERATE A CMV_____

NEEDS A MEDICAL FOLLOW UP TO BE ONSIDERED FOR CLEARANCE_____
(If the patient has not followed up in the last year, we will notify them to arrange a follow up with you.)

_____

Treating physician of midlevel practitioner

Please Fax clearance to 478-272-1465 for questions call 1-775-DOT-EXAM