

## FMCSA MEDICAL EXAM (DOT PHYSICAL) DRIVERS WITH CHRONIC MEDICAL CONDITIONS

The FMCSA permits medical examiners to request documentation from treating providers prior to certification of commercial drivers. DoctorsNow requires written documentation regarding chronic medical conditions and treatment to consider eligibility for medical certification.

| Please contact a DoctorsNow provider if you have any questions at 515-270-1000.   |                              |
|---|------------------------------|
| Patient Name  | Patient DOB                  |
| <u>List Chronic Medical Conditions (May attach recent clinic record</u>   | <u>s)</u>                    |
| List Current Medications (May attach recent clinic records)   |                              |
| ☐ It is my opinion that this patient is safe to operate a commer well-controlled, and they are free from medication side effects t☐ It is my opinion that this patient is not safe to operate a cor | that interfere with driving. |
| Provider Signature  | Provider Name                |
| Clinic Name   |                              |
| Clinic Address  |                              |
| Clinic Phone  |                              |
| Clinic Fax  |                              |
| Please fax this letter and include supporting documentation (A1c, Recent BP, Sleep Study/CPAP Report, Cardiology Records, etc).   |                              |

Johnston

**West Des Moines** 

Altoona