



## **DOT Medical Clearance: TYPE 2 DIABETES MELLITUS**

### **DOT Physical Exam Medical Clearance**

Patient \_\_\_\_\_

Date \_\_\_\_\_

DOB \_\_\_\_\_

The above driver has presented for a DOT medical certificate to drive a commercial motor vehicle. Per Federal Motor Carrier Safety Administration medical guidelines for drivers with a history of **TYPE 2 DIABETES MELLITUS**, we ask for your professional opinion to determine if the driver is medically cleared to operate a commercial vehicle:

1. Has your patient been on a stable diabetes regimen in the last 3 months? Yes \_\_\_ No\_\_\_

2. List all Diabetes-related medications, dosage and date treatment initiated. (Attach additional pages if necessary)

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3. Copy of the driver's HgbA1C level within the last 3 months attached? Yes \_\_\_ No \_\_\_

4. Does your patient have a history of severe hypoglycemic episodes? (The FMCSA defines a severe hypoglycemic episode as an episode resulting in impaired cognitive function that occurred without warning, loss of consciousness, seizures or coma, requiring the assistance of others or needing urgent treatment). Yes \_\_\_ No\_\_\_

If yes, please attach description of the nature of event(s) and date:

5. Does the patient have any of the following complications from his/her diabetes?

\_\_\_Nephropathy \_\_\_Retinopathy \_\_\_Neuropathy \_\_\_Heart Disease

If yes, please attach relevant reports/medical records/consultation

The demands of a commercial driver include loading/unloading heavy cargo, tarping trailers, coupling/uncoupling trailers, inspecting brake lines and putting on tire chains and require perceptual skills to monitor a complex driving situation and judgment skills to make quick decisions in addition to the ability to control an oversize steering wheel, shift gears using a manual transmission, maneuver a vehicle in crowded areas, enter and exit the cab frequently, and the ability to climb ladders on the tractor/trailer.

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If your recommendation is that the driver can operate a CMV safely, please sign and date below.

\_\_\_\_\_  
Provider's Signature

\_\_\_\_\_  
Date

**Please return this letter to our office by fax to:** 855-442-7883

If it is your recommendation that the driver **cannot** operate a CMV safely, please sign and date below.

\_\_\_\_\_  
Provider's Signature

\_\_\_\_\_  
Date

**Please return this letter to our office by fax to:** 855-442-7883

Jeffrey Wong, DC  
2560 Foxfield Road, Suite 140  
St. Charles, IL 60174 630-584-8729

Print name or affix stamp: \_\_\_\_\_

Address (City, State, Zip): \_\_\_\_\_

**Thank you for your assistance.**