

DOT Medical Clearance: OBSTRUCTIVE SLEEP APNEA

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 diagnosis of **OBSTRUCTIVE SLEEP APNEA**, we ask for your professional opinion to determine if the driver is medically cleared to operate a commercial vehicle:

1. The driver is using CPAP at least 70% of the nights since treatment started for at least 4 hours each night on nights used:

Yes ___ No ___

Please attach copy of compliance data.

If the driver is not using CPAP, please describe treatment and document compliance with attached report

2. The driver's symptoms of sleepiness have resolved.

Yes___ No _____

3. In my professional opinion, the driver's sleep disorder is satisfactorily controlled.

Yes___ No ___

4. In my professional opinion, the driver's sleep disorder is not adversely affecting the driver's ability to operate a Commercial Motor Vehicle.

Yes___ No ___

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.

DOT Medical Clearance: OBSTRUCTIVE SLEEP APNEA

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: _____

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: _____

Print name or affix stamp: _____

Address (City, State, Zip): _____

Thank you for your assistance.