

**Preparing for your DOT Medical Exam**

**Be mindful of your diet-** Please keep in mind excess sugar, carbohydrates and caffeine consumed prior to the exam may impact your blood sugar and blood pressure.

**Smoking-** Please keep in mind that cigarettes/vapors may impact your blood pressure.

**Hearing/Vision-** Bring hearing aids, glasses or contacts needed to meet standards.

**Bring a list of all medications-** If you are currently taking any medications that may affect your alertness or the ability to drive a commercial motor vehicle, consult your treating provider BEFORE your DOT exam.

A letter from your provider may be necessary to clarify those medications that are current.

If you have any of the following medical conditions please bring the documentation indicated. This required information may impact your clearance result.

<b>Condition</b>	<b>Documentation Needed</b>
<b>Sleep apnea</b>	1- CPAP compliance log (printed 90 day report) showing over 70 % usage with over 4 hours usage/night. 2-Letter from your treating medical provider stating that you are compliant with usage and are safe to operate a commercial vehicle given your diagnosis and treatment plan
<b>Heart Conditions (any and all problems related to the heart)</b>	Clearance letter from your cardiologist and documentation of Ejection Fraction rate and possible Exercise tolerance test/stress treadmill. (Most recent Stress test & Echo cardiogram)
<b>Diabetes</b>	Last HbA1C (within past 6 months), letter from your primary care provider confirming no history of insulin use, hypoglycemia episodes or complications.
<b>Depression/Anxiety</b>	A letter from your primary care provider confirming stable medication usage, no history of suicidal behavior or ideation and no recent hospitalization
<b>History Alcohol/Substance Abuse/Rehabilitation</b>	Letter from your SAP (substance abuse counselor) stating no current clinical diagnosis and stable condition
<b>Attention Deficit Disorder (ADD)</b>	A letter from your primary care provider for the disorder, confirming stable dosage of medication and no abuse or misuse of medication
<b>Medical Condition treated with Coumadin or Warfarin</b>	For example, atrial fibrillation. Documentation of stable INR labs for the past 90 days.
<b>COPD, Asthma, Smoker over 35</b>	Will need a spirometry screening- <b>ADDITIONAL \$35</b>
<b>Medical Marijuana</b>	AUTOMATIC NO
<b>Currently being prescribed long-acting narcotics such as:</b>	<b>Oxycodone, Hydrocodone, Oxycontin, Fentanyl</b>  We will need a medical clarification letter from there prescribing doctor before we can see the driver  <b>Xanax NO DOT</b>

**If you currently require an exemption for vision, insulin treated diabetes mellitus or limb impairments please bring a copy of current waiver granted.**