



DOT PHYSICAL QUESTIONNAIRE

If you answer **YES** to any of the questions below, it is your responsibility to obtain proper documentation. Without documentation, you **will NOT** be issued a card until required supporting medical documentation is received and reviewed by a medical provider.

- Yes No **Are you taking any prescription medications?**
**see the attached form to list out all medication you may be taking, fill out and bring to your appointment. You can also ask your primary care provider for a print out with all of your medications and dosages
If you take the blood thinner Coumadin (warfarin) please provide your most recent INR Blood Test Results from your healthcare provider
- Yes No **Are you Diabetic? Do you use Insulin?**
**If YES, Check off that you have the supporting documents printed and filled out prior to your scheduled appointment*
 Completed MCSA 5870 Form – completed by medical provider who treated your diabetes
 3 Months of blood sugar results, and a current HgA1C within the past 6 months. Must be 10.0 or less
- Yes No **Do you use corrective lenses or hearing aids?**
**You will need to have those with you at the time of your physical. If you wear them to drive and you don't have them, you may not pass vision or hearing tests.*
- Yes No **Do you have any heart problems? (bypass, stent, history of chest pain or heart attack, pacemaker, atrial fibrillation or other heart rhythm problems).**
**if YES, Check off that you have the supporting documents filled out and with you for your appointment*
 Letter from Cardiologist stating that your cardiac condition will not interfere with your ability to operate a Commercial Motor Vehicle safely and copies of any tests done in the Last Year
**Drivers with a history of Heart Attack, Angina, or Angioplasty must have an exercise stress test every 2 years
Drivers who have undergone Cardiac Bypass Surgery, beginning 5 years after the surgery, will have to undergo exercise stress testing every 5 years
- Yes No **Have you had a stroke, history of seizures, loss of consciousness or other neurological / psychiatric issues?**
**if YES, Check off that you have the supporting documents filled out and with you for your appointment*
 Letter from medical provider treating for any neurologic issues – stating no reoccurrence of seizure/stroke, and medications have been stable and unchanged for minimum of 2 years.
 Letter from medical provider treating any psychiatric issues stating that your psychiatric condition nor medication will interfere with your ability to drive a Commercial Motor Vehicle safely
- Yes No **Do you have Sleep Apnea, use a CPAP/BiPAP machine?**
**if YES, Check off that you have the supporting documents filled out and with you for your appointment*
 Documentation from CPAP/BiPAP machine from the past 3 months (you can contact the company that services your machine and get a printout of your CPAP/BiPAP usage
 If treating sleep apnea with something other than a CPAP/BiPAP, usually a sleep study, documentation will need to be provided showing that treatment is effective

If you wish to proceed with your DOT physical please sign and date below.

(Signature) (Date) (Printed Name) (Date of Birth)

Patient Label

NAME: _____ DOB: _____

FIN: _____ MRN: _____

PERMANENT PART OF MEDICAL RECORD