DOT Physical: Diabetes Mellitus – Provider Letter/Status Report

RE: _____   SS #_____

Dear Dr. _____,

Your patient is scheduled for a medical examination for certification as commercial driver and/or mobile equipment operator under Federal Motor Carrier Safety Administration (FMCSA) regulations. Due to a history of clinical diabetes, The Occupational Health Center at Chester County Hospital Penn Medicine has requested that the following information be provided from the treating health care provider for documentation of treatment and effective control of this medical condition.

We would appreciate your assistance in providing the necessary information below in order for us to determine if this individual qualifies for medical certification. Please complete below and provide requested lab results. Thank you for your assistance.

_____   _____
Occupational Health Examiner   Date
****

Please complete below and fax to The Occupational Health Center at 610 738- 2471

Required: Lab Results (within 3 – 6 months): **Fasting Glucose level**(s), **A1C (hemoglobin AIC) level**
(A1C < 8% and FBS < 140)
Use of Insulin - Disqualification – requires a diabetic waiver from FMCSA
Recommended: exam every 6 months, cholesterol/lipid profile, creatinine, and EKG every 2 years

Medication regimen:_____
_____

Is your patient's diabetic control stable?	Yes __ No__
Has your patient had episodes of hypoglycemia, dizziness, or loss of consciousness?	Yes __ No__
Do you see your patient for a diabetic exam at least every 6 months?	Yes __ No__
Does your patient receive an annual retinal exam from the ophthalmologist?	Yes __ No__
Does the patient have any of the following complications from his/her diabetes?	Yes __ No__

____Nephropathy   ____Retinopathy   ____Neuropathy   ____Heart Disease

*In your medical opinion, is this person able to safely operate a commercial motor vehicle or mobile equipment considering the complex physical and mental requirements?*____Yes_____No
If no, please explain_____
_____

Signature _____   Date: _____

Physician name _____   Tel. # _____