



DOT Physical: Obstructive Sleep Apnea – Physician 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 concern of OSA, 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.

The FMCSA requires that examiners document adequate control of sleep apnea or other sleep disorders before being qualified. Please evaluate this patient and complete the information below. On the reverse side for your information are current Joint Task Force* recommendations regarding the qualification and evaluation of a driver suspected of or known to have OSA. For patients with an established diagnosis of OSA, annual documentation of compliance with treatment by a sleep specialist is required.

Thank you for your cooperation.

Occupational Health Examiner

Date

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

1. Diagnosis _____
2. Treatment _____
3. Compliant with Treatment _____Y_____N
Minimal acceptable PAP compliance : 4 hrs/ of use 70% of nights
4. Results of testing performed: circle all that apply, if any – Polysomnography, Multiple Sleep Latency Testing, Maintenance of Wakefulness Testing. **Please attach copies.**

NOTE: For all OSA diagnoses a history of treatment success documented by objective testing demonstrating AHI <5, or ≤ 10 while wearing oral appliance must exist. For new diagnoses an overnight sleep study must be done. After 2-4 weeks and f/u with sleep specialist to document treatment success, a 3 month DOT clearance can be given. Treatment success is ideally AHI < 5, AHI ≤ 10 required. Please see Table 5 (attached) for recommendations regarding fitness for duty for CMV drivers.

5. **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.** ____Y ____N
If no, please comment _____

Signature _____ Date: _____

Physician name _____ Tel. # _____

Criteria for evaluating drivers with possible or probable Obstructive Sleep Apnea
(and whether or not to qualify with or without a time-restricted certificate)

Screening Recommendation for Commercial Drivers With Possible or Probable Sleep Apnea

Medically Qualified to Drive Commercial Vehicles If Driver Meets Either of the Following	In-Service Evaluation (ISE) Recommended If Driver Falls Into Any One of the Following Five Major Categories (3 mo maximum certification)	Out-of-Service Immediate Evaluation Recommended If Driver Meets Any One of the Following Factors
<ol style="list-style-type: none"> 1. No positive findings or any of the numbered in-service evaluation factors 2. Diagnosis of OSA with CPAP compliance documented 	<ol style="list-style-type: none"> 1. Sleep history suggestive of OSA (snoring, excessive daytime sleepiness, witnessed apneas) 2. Two or more of the following: <ol style="list-style-type: none"> a) BMI ≥ 35 kg/m²; b) Neck circumference greater than 17 inches in men, 16 inches in women; c) Hypertension (new, uncontrolled, or unable to control with less than 2 medications). 3. ESS >10 4. Previously diagnosed sleep disorder; compliance claimed, but no recent medical visits/compliance data available for immediate review (must be reviewed within 3-mo period); if found not to be compliant, should be removed from service (includes surgical treatment) 5. AHI >5 but <30 in a prior sleep study or polysomnogram and no excessive daytime somnolence (ESS <11), no motor vehicle accidents, no hypertension requiring 2 or more agents to control 	<ol style="list-style-type: none"> 1. Observed unexplained excessive daytime sleepiness (sleeping in examination or waiting room) or confessed excessive sleepiness 2. Motor vehicle accident (run off road, at-fault, rear-end collision) likely related to sleep disturbance, unless evaluated for sleep disorder in the interim 3. ESS ≥ 16 or FOSQ <18 4. Previously diagnosed sleep disorder: <ol style="list-style-type: none"> d) Noncompliant (CPAP treatment not tolerated); e) No recent follow up (within recommended time frame); f) Any surgical approach with no objective follow up. 5. AHI >30

AHI indicates apnea-hypopnea index; BMI, body mass index; CPAP, continuous positive airway pressure; ESS, Epworth Sleepiness Scale; FOSQ, Functional Outcomes of Sleep Questionnaire; OSA, obstructive sleep apnea.

*Tri-Medical Society Task Force

American College of Occupational and Environmental Medicine, American College of Chest Surgeons, and National Sleep Foundation

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