

What You Need to Know for Your LiveWELL Care DOT Certification.

Please call 1-833-TEAL-NOW (1-833-832-5669) to schedule your DOT Physical. Once your appointment is scheduled, a member of the LiveWELL Care team will call you to go through this form and answer any questions.

Please bring this completed form to your DOT Physical appointment.

get a card that is valid for less than 2 years

For your exam, it is helpful to know if you have any of the health problems listed below. Put a check mark (\checkmark) in the box next to any of the health problems you have. We may need records, test results or more information based on the problem.
☐ Vision Problems • If you wear glasses or contacts for driving, bring them when you come for your exam
Hearing Problems • If you wear hearing aids, bring them when you come for your exam
 Diabetes • If you do not take insulin- bring in a copy of your last A1C (in the last 3 months) and your kidney function testing from your medical provider (doctor, physician assistant, nurse practitioner). • If you take Insulin- The provider treating your diabetes will complete the new form MCSA-5870, "Insulin-Treated Diabetes Mellitus Assessment Form". o This form must be done within 45 days of your DOT exam. o Bring the form and your 3 months of printed electronic blood sugar logs with you. You need this to be considered for certification.
 Chronic Kidney Disease (CKD) You may need to bring a statement from your provider (doctor, physician assistant, nurse practitioner) that clears you to drive a commercial vehicle You may need to bring lab records of your kidney and electrolyte function and an EKG or Echocardiogra
☐ High Blood Pressure • Check your blood pressure before the exam. It's best for your blood pressure to be no higher than 140/90

• If you have a record of high blood pressure or if you are being treated for high blood pressure, you may

Lι	Lungs		
	Sleep Apnea • Bring a recent report of your CPAP or BiPAP use • Bring a report of your sleep study results		
	Asthma		
	• The provider may ask for medical records such as a pulmonary function test, chest x-ray or pulmonary clearance		
	COPD		
	• The provider may ask for medical records such as a pulmonary function test, chest x-ray, pulmonary clearance		
	Smoker – if you are over 35 years old		
	• The provider may ask for medical records such as a pulmonary function test, chest x-ray, pulmonary clearance		
Н	eart/Circulation		
	Heart Attack		
	 You may need to bring a statement from your cardiologist that clears you to drive a commercial vehicle You may need to bring a record of an echocardiogram or other test such as a Cardiac Stress Test 		
	Cardiac Stent Surgery		
	 You may need to bring a statement from your cardiologist that clears you to drive a commercial vehicle You may need to bring a record of an echocardiogram or other test such as a Cardiac Stress Test 		
	Coronary Artery Bypass Graft Surgery		
	 You may need to bring a statement from your cardiologist that clears you to drive a commercial vehicle You may need to bring a record of an echocardiogram or other test such as a Cardiac Stress Test 		
	Blood clots or blood thinner treatment		
	 You may need to bring a statement from your cardiologist that clears you to drive a commercial vehicle You may need to bring PT/INR records with you from the past 30 days 		



Brain/Nervous System	
Stroke, TIA or AneurysmYou may need to bring a statement from your neurol	ogist that clears you to drive a commercial vehicle
Epilepsy/SeizuresYou may need to talk to the Medical Examiner about	your health problem
Psychiatric/Mental Condition • You may need to bring a statement from your provide	er that clears you to drive a commercial vehicle
 Drug or Alcohol Addiction You may need to bring a statement from your provide 	er that clears you to drive a commercial vehicle
Patient Attestation Statement:	
By signing this paper, you agree:	
• You have read and understand what you may need to brin	g for each listed medical problem.
 You are temporarily disqualified if you: o Do not meet the requirements at this time and you com information needed for certification 	e back before the 45 day period with the right
• You are disqualified and will need another full exam if you: o Do not meet the requirements at this time and you com o Have a shorter duration card (card that isn't valid for 2 y	v 1
Patient Signature:	Date: