

What You Need to Know for Your DOT Certification

For your exam, it is helpful to know if you have any of the health problems listed below. Put a check mark (✓) 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".
 - This form must be done within 45 days of your DOT exam.
 - 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 Echocardiogram

☐ 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 get a card that is valid for less than 2 years.

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

Heart/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 Aneurysm

- You may need to bring a statement from your neurologist that clears you to drive a commercial vehicle

☐ Epilepsy/Seizures

- You may need to talk to the Medical Examiner about your health problem

☐ Psychiatric/Mental Condition

- You may need to bring a statement from your provider that clears you to drive a commercial vehicle

☐ Drug or Alcohol Addiction

- You may need to bring a statement from your provider 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 bring for each listed medical problem.
- You know you will be charged a **follow-up fee** when you come back if you:
 - Do not meet the requirements at this time (temporary disqualification) and you come back before the 45 day period with the right information needed for certification
- You know you will be charged the **full exam price** again when you come back if you:
 - Do not meet the requirements (disqualified)
 - Do not meet the requirements at this time (temporary disqualification) and you come back after the 45 day period
 - Have a shorter duration card (card that isn't valid for 2 years)

Patient Signature: _____ Date: _____

Atrium Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, religion, national origin, age, sex, sexual orientation, gender identity, gender expression, disability or source of payment. Atrium Health does not exclude people or treat them differently because of race, color, religion, national origin, age, sex, sexual orientation, gender identity, gender expression, disability or source of payment.
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1- 800-821-1535.
CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1- 800-821-1535.