

attention DOT drivers

IN ORDER TO EXPEDITE YOUR EXAM AND CERTIFICATION, ADDITIONAL INFORMATION MAY BE NEEDED IF YOUR MEDICAL HISTORY INCLUDES THE FOLLOWING CONDITIONS:

■ **Diabetes Type I (Insulin-Requiring)**

- You can be certified, but cannot drive a CMV unless you obtain a Diabetes Exemption (see fmcsa.dot.gov for instructions).

■ **Diabetes Type II (Non-Insulin-Requiring)**

- Blood work, including HbA1c, completed within the last three months.
- Letter from your primary care physician or podiatrist stating that you do not have diabetic neuropathy.
- Eye exam within the last 12 months with statement from the eye doctor or your primary care physician that you do not have diabetic retinopathy.

■ **Sleep Apnea**

- Current sleep apnea patients will need a compliance report printed out from the company who rents you your CPAP machine.
- If you have risk factors for sleep apnea determined at the time of your exam, you may be given a shorter certification and be required to obtain a sleep study prior to your next recertification.

■ **Coronary Disease (Heart Attack, Angioplasty, or Stents)**

- Copy of stress test (within last two years).
- Copy of echocardiogram or nuclear stress test (within last two years) showing ejection fraction over 40 percent.
- Letter from cardiologist stating you are fit to drive a commercial vehicle from a cardiology standpoint.

■ **Coronary Disease (Post-CABG)**

- Copy of a recent stress test if it has been more than five years since your surgery.
- Echocardiogram report and letter from cardiologist, as above.

■ **Seizure Disorder**

- Taking no seizure medications and seizure free for five years. You cannot be certified if you are on medications for an active seizure disorder.
- Letter from neurologist stating that you are fit to drive a commercial vehicle from a neurology standpoint.

■ **Chronic Medical Conditions Requiring Medication**

If you have a chronic medical condition requiring ongoing medication, please provide a letter from your primary care physician or prescribing physician that states:

- The stability of your condition on the medication.
- That there is no recent change in medication dosage.
- That you have the ability to safely operate a commercial motor vehicle while on the medication.

■ **Other Medication**

- You will not be certified if you are taking methadone, Suboxone, or long-acting or transdermal narcotic medications.
- Anti-anxiety or depression medication will require a letter from the prescribing physician indicating you are on a stable dose and free of side-effects.

You may be required to bring in additional documentation as determined by the provider performing your physical, in compliance with FMCSA standards. Final determination is the decision of our certified medical providers based on your history, physical exam, and supporting documentation.

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