

Planning for the DOT Physical

Before Your Appointment

- DO NOT wait until the day your DOT certificate expires to get your DOT exam!
- Schedule your appointment by calling:
 - Elkhart: (574) 389-1231
 - Elkhart NW: (574) 333-2986
 - Goshen: (574) 534-1231
 - Middlebury: (574) 358-0042
 - South Bend: (574) 647-1675
 - Mishawaka: (574) 318-4291
- Get the necessary documentation from your Primary Care doctor and/or Specialists together
 - Clearance letters or last office visit note as needed from the provider managing your medical condition, documentation of stability of condition and effectiveness of treatment (e.g. diabetes, cardiologist, sleep apnea)
 - Laboratory and Test Reports (e.g. Coumadin/warfarin: INRs; diabetes: hemoglobin A1C)
 - Condition-Specific Documentation (see page 2)
- Create a list of medications
 - Include all prescription and over-the-counter medications
 - List the name of medication, dose, how often, reason for taking, and the prescriber
- Create a list of your providers
 - Include names and phone numbers of all doctors
 - This will help in case you need to call to have them fax any missing information

On the Day of Your Exam

What to expect:

- Urine Test Hearing Test Documentation Review Vision Test Physical Exam

Remember to bring:

- Driver's License
- Hearing Aids and/or Glasses
- Documentation

Drink plenty of water

- You will need to provide a urine sample at the office



DOT Physical Exam: Common Health Conditions

High Blood Pressure

Blood pressure needs to be less than 140/90. If your BP is 140/90 or greater you will only qualify for a conditional certification (no greater than 1 year). If your BP is 180/110 or greater you cannot be certified until your BP is brought below 140/90.

- Bring a list of your blood pressure medications
- Take your medicine on schedule. If you forget, most docs recommend taking ASAP
- Cut back on nicotine, coffee, sodas, energy drinks, salty and greasy foods, etc. (at least 1 week prior)

Cardiac Events

If you have ever had a Heart Attack, Stent/Angioplasty, Open Heart Surgery, etc. you will need to supply documentation to show you are now safe to drive a CMV. A Stress Test (i.e., treadmill, stress echo) is required every one to two years.

- Bring a copy of your last Stress Test
- Bring a Cardiologist Statement that indicates that you are safe to drive a CMV or most recent office visit note from your Cardiologist or provider managing your cardiac condition

Diabetes

Your blood glucose should be under 120 and/or your Hgb A1C should be 10% or less.

- Bring your Hgb A1C results (completed within the last 3 months) and any other labs
- Bring a written statement from provider documenting adequate blood sugar control without hypoglycemia or most recent office visit note from your treating provider

Obstructive Sleep Apnea (OSA)

To pass, you must attest to no daytime sleepiness, episodes of apnea, or falling asleep at the wheel, and you must show evidence of compliance with treatment.

- Bring documentation of annual assessment from your sleep doctor/specialist
- Bring the compliance report from your CPAP machine (at least one month 70% compliance >4hrs)

Vision

Your visual acuity must be 20/40 in each eye and in both eyes together, with or without glasses or contacts.

- Bring your glasses and/or contacts (if needed)

Hearing

You may have hearing loss of no more than 40 dB (500-2000Hz) in your better ear, with or without hearing aids.

- Bring your hearing aids (if needed) with fresh/extra batteries

Mental health (mood stabilizers)

Most recent office note from person treating your mental condition. The note should state if your condition, treatment and medications are safe with commercial driving duties.

Medications

- Automatic disqualifiers: Methadone, medical marijuana.
- Coumadin (warfarin)
 - Include: Name & phone number of Coumadin clinic; Results of last 3 months INRs
 - May be disqualifying depending on reason for use
- Narcotics
 - May be disqualifying
 - Must have letter from prescribing physician that states you are safe to operate a CMV

Medical Information

Physician Information



Name _____

Phone _____

Name _____

Phone _____

Name _____

Phone _____

Medication	Dose	Frequency	Reason	Prescriber
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

