Date

Dr. Name

Address

City State Zip

Re: \_\_\_\_\_\_\_\_\_\_\_, DOT Commercial Motor Vehicle Driver Medical Exam

Dear Dr. \_\_\_\_\_\_\_,

The above driver came to our clinic for a DOT medical certificate to drive a commercial motor vehicle. Before qualifying the driver, we ask for your assistance in determining if they have met the necessary medical criteria for drivers with kidney disease on dialysis.

Although we must obtain and consider the opinions of the treating physician, it is our responsibility to make the final driving status determination.

Please check all that apply.

* The driver does not experience excessive fatigue, muscle cramps, hypotension, or cognitive impairment pre- or post-dialysis
* If an underlying cardiovascular condition exists, is the individual is not likely to experience syncope, dyspnea, collapse, or congestive cardiac failure
* The individual has been compliant with the treatment schedule
* The treatment schedule does not interfere with the driver’s work schedule
* Treatment been shown to be adequate, effective, safe, and stable

Additional comments:

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Please sign and date below.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Signature Date

Thank you for your assistance.