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 a history of seizure.

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

If the seizure resulted from a **known cause (provoked)** such as a drug reaction, high temperature, acute infection, dehydration, or an acute systemic metabolic dysfunction:

* The underlying cause has been corrected
* Driver is not taking medication for the prevention of seizures

If the seizure was **unprovoked:**

* The driver has been seizure free and off medication for seizure prevention for 5 years
* The driver is not a danger to the public or themselves when operating a commercial motor vehicle

If the driver has suffered more than one seizure, otherwise known as **epilepsy**:

* The driver has not had surgery for epilepsy
* The driver has been seizure free and off medication for seizure prevention for 10 years
* The driver is not a danger to the public or themselves when operating a commercial motor vehicle

Additional comments:

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Please sign and date below.

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

Signature Date

Thank you for your assistance.