Date

Dr. Name

Address

City State Zip

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

The above driver came to our clinic on for a DOT medical certificate to drive a commercial motor vehicle. Before being qualified to drive, the driver must attest that they are not experiencing any of the symptoms listed below, and that they do not have a driver history as described below.

Medical Condition(s):

1. Suspected Sleep Disorder

Symptoms(s):

1. Daytime (or during driving time) drowsiness or distraction
2. Cognitive Impairment
3. Loud Snoring (heard thru a wall, louder than speaking volume)
4. Witness reported apneas when sleeping
5. Any other symptom related that would affect safe driving

Driving History:

1. History of falling asleep while driving a CMV
2. History of a single CMV vehicle accident

I hereby attest that I am not experiencing the above listed symptoms when driving a commercial motor vehicle and I have not experienced any of the driving history listed above.

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

Driver Signature Date