



## New Guidelines for DOT Exams

Due to new Federal Regulations (FMCSA) that went into effect on June 22, 2018, any medical provider performing DOT exams must have information regarding the applicant's health history including health problems, all medications (dose & frequency), surgeries, and any limitations that they may have. Certain medical conditions including but not limited to **heart conditions, high blood pressure, diabetes, sleep apnea, obesity, stroke**, or use of **drowsy medications** (prescription or over the counter) will require a clearance letter from your regular Primary Care Physician or Specialist. Some conditions may require up to date lab work. We must have this information before proceeding with the exam. If you have **high blood pressure**, guidelines are specific about blood pressure levels to qualify. We follow these requirement guidelines.

All exams are now determined as qualified, disqualified, or incomplete. Please note that an incomplete physical exam does not mean that you cannot qualify at a later time. This simply means we need a clearance letter and the appropriate paperwork from your Primary Care Physician or Specialist. Please take into consideration, that in answering these questions on FMCSA DOT physical examination paperwork it is very important to be honest. This is important for your own healthcare and safety, as well as the safety of others while you are driving. This physical examination paperwork is a **FEDERAL DOCUMENT**, being dishonest or making false statements can lead to Federal prosecution. **(18 U.S.C §1001)**

These new changes require examiners to report ALL exam outcomes to the FMCSA DOT Database within a 24-hour period of the applicant completing Section 1 of the DOT form, therefore we can no longer hold paperwork for a return visit. We understand that these changes are frustrating; they are for the staff also. We try to provide as much information for you as possible. However, these are Federal Guidelines that we MUST follow.

I have read and understand the information on this sheet. I understand that by completing Section 1 of the DOT form, that I am responsible for a \$10 form fee. I am still responsible for the \$100 fee if I see the provider and do **NOT** qualify for my certification.

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_