



DOT Screening Questionnaire

- You MUST provide the name, dose, and instructions of all of your current medications. If you are unsure, your pharmacy can provide a print out for you.
- If DOT forms are filled out and we are unable to start the physical due to medical issues or lack of information a \$10 DOT form fee will be due at time of service.
- If the DOT physical is partially completed or medical issues prohibit the exam to be completed, a \$50 fee will be due at the time of service.

Below are questions that need to be addressed before your DOT can be started.

<u>Yes</u>	<u>No</u>	
___	___	1. Do you take over the counter or prescribed medications that can cause drowsiness? (Such as: Narcotics, sleep aids, pain medications, or anxiety medication)
___	___	2. Do you smoke?
___	___	3. Do you have a sleep disorder?
___	___	4. Do you have a CPAP machine? (Need 365 day sleep report)
___	___	5. Do you have a history of vertigo? (If so, please list medications you take) _____
___	___	7. Do you have diabetes?
___	___	8. Are you on insulin?
___	___	9. What was the date of your last A1C? _____ (Must have hard copy within 90 days, or complete in house A1C which is addional \$40 in addition to cost of physical)
___	___	10. Do you have high blood pressure? • If yes, what medication are you taking? _____
___	___	11. Do you have/had any of the following heart conditions: (Heart attack, stents placed, heart disease, CHF, angioplasty, bypass surgery)

If any of these questions were answered with a "Yes," further documentation may be required.

Print Name: _____

Signature: _____

Date: _____