

Department of Transportation (DOT) Physical Expectations

- Arrive 15 minutes early to allow time to fill out necessary paperwork.
- Bring a valid driver's license.
- You will need to give a urine sample. This is used to check glucose and protein in your urine per FMCSA guidelines.
- Provide additional documentation if your medical history includes one or more of the following conditions:

Diabetes Type I (Insulin-Requiring)	Coronary Disease (Post-CABG)
<ul style="list-style-type: none"> • You can be certified but you are required to fill out the MCSA-5870 Insulin Treated Diabetes Mellitus Assessment Form with your Insulin Prescribing Medical Provider. 	<ul style="list-style-type: none"> • Copy of a recent stress test if it has been more than five years since your surgery. • Echocardiogram report and letter from cardiologist, as above.
Diabetes Type II (Non-Insulin Requiring)	Seizure Disorder
<ul style="list-style-type: none"> • Blood work, including HbA1C, completed within the last three months. • Letter from your primary care physician or podiatrist stating that you do not have diabetic neuropathy. • Eye exam within the last 12 months with statement from the eye doctor or your primary care physician that you do not have diabetic retinopathy. 	<ul style="list-style-type: none"> • Taking no seizure medications and seizure free for five years. You cannot be certified if you are on medications for an active seizure disorder. • Letter from neurologist stating that you are fit to drive a commercial vehicle from a neurological standpoint.
Sleep Apnea	Chronic Medical Conditions Requiring Medication
<ul style="list-style-type: none"> • Current sleep apnea patients will need a compliance report printed out from the company who rents you your CPAP machine. • If you have risk factors for sleep apnea determined at the time of your exam, you may be given a shorter certification and be required to obtain a sleep study prior to your next recertification. 	<p>If you have a chronic medical condition requiring ongoing medication, please provide a letter from your primary care physician or prescribing physician that states:</p> <ul style="list-style-type: none"> • The stability of your condition on medication. • That there is no recent change in medication dosage. • That you can safely operate a commercial motor vehicle while on the medication.
Coronary Disease (Heart Attack, Angioplasty or Stents)	Other Medication
<ul style="list-style-type: none"> • Copy of stress test (within last two years). • Copy of echocardiogram or nuclear stress test (within last two years) showing ejection fraction over 40 percent. • Letter from cardiologist stating you are fit to drive a commercial vehicle from a cardiology standpoint. 	<ul style="list-style-type: none"> • You will not be certified if you are taking methadone, Suboxone, or long acting or transdermal narcotic medications. • Anti-anxiety or depression medication will require a letter from the prescribing physician indicating you are on a stable dose and free of side-effects.

You may be required to bring in additional documentation as determined by the provider performing your physical, as required by FMCSA standards.

Final determination is the decision of our Certified Medical Providers based on your history, physical exam, and supporting documentation.

Thank you for choosing CentraCare Occupational Health for your next DOT physical.