

# DOT Physical Exam Medical Clearance

**Patient** \_\_\_\_\_

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

**DOB** \_\_\_\_\_

The above driver has presented for a DOT medical certificate to drive a commercial motor vehicle. We ask for your professional opinion to determine if the driver is medically cleared to operate a commercial vehicle.

**Please evaluate the patient's ability to safely operate a Commercial Motor Vehicle in the context of the following diagnoses:**

---

---

---

---

---

---

---

The demands of a commercial driver include loading/unloading heavy cargo, tarping trailers, coupling/uncoupling trailers, inspecting brake lines and putting on tire chains and require perceptual skills to monitor a complex driving situation and judgment skills to make quick decisions in addition to the ability to control an oversize steering wheel, shift gears using a manual transmission, maneuver a vehicle in crowded areas, enter and exit the cab frequently, and the ability to climb ladders on the tractor/trailer.

If your recommendation is that the driver can safely perform all tasks of a Commercial Motor Vehicle Driver, please sign and date below.

\_\_\_\_\_  
**Provider's Signature**

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

If it is your recommendation that the driver **cannot** operate a CMV safely, please sign and date below.

\_\_\_\_\_  
**Provider's Signature**

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

**PRINT PROVIDER'S NAME** \_\_\_\_\_

Address (City, State, Zip): \_\_\_\_\_

**Return this letter to the patient's medical examiner by fax/email:**

\_\_\_\_\_

**Thank you for your assistance.**