

## DOT Medical Clearance: **TRAUMATIC BRAIN INJURY**

# DOT Physical Exam Medical Clearance

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

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

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

The above driver has presented for a DOT medical certificate to drive a commercial motor vehicle. Per Federal Motor Carrier Safety Administration medical guidelines, we ask for your professional opinion to determine if the driver is medically cleared to operate a commercial vehicle and that s/he meets the following FMCSA medical guidelines for drivers with a history of **TRAUMATIC BRAIN INJURY**:

### FMCSA GUIDELINES FOR HISTORY OF TRAUMATIC BRAIN INJURY

*Please initial the type of TBI experienced by this driver.*

- Definition Of **Severe TBI**: Loss of consciousness for  $\geq$  24 hrs OR dural penetration:  
Severe TBI: \_\_\_\_\_  
Drivers with a history of Severe TBI are not qualified to drive.
- Definition of **Moderate TBI**: LOC > 30 minutes but < 24 hrs, OR skull fracture AND 0 - 30 minutes of alteration of consciousness.  
Moderate TBI: \_\_\_\_\_  
A minimum 3-year waiting period applies
- Definition of **Mild TBI**: LOC for < 30 minutes  
Mild TBI: \_\_\_\_\_  
A minimum 30 day waiting period applies if no LOC. 90 days if there was LOC.

**Has the driver experienced any seizures following the TBI?** Y N

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.

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If the driver **meets** the above requirements and your recommendation is that the driver can operate a CMV safely, please sign and date below.

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

\_\_\_\_\_  
Date

If the driver **does not meet** the above requirements and your recommendation is that the driver **cannot** operate a CMV safely, please sign and date below.

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

\_\_\_\_\_  
Date

If the driver **does not meet** the above requirements **and it is your opinion that the driver should be allowed** to drive a commercial vehicle, DOT medical examiners may use discretion if there is sufficient medical reasoning for why the guidelines should not be followed. Should this be the case, please identify in the area below which guideline is not met, and the medical reason the driver is safe to drive.

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

\_\_\_\_\_  
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.