



DOT Physical: Diabetes Mellitus – Provider Letter/Status Report

RE: _____ DOB: _____

Dear _____,

Your patient is scheduled for a medical examination for certification as commercial driver under Federal Motor Carrier Safety Administration (FMCSA) regulations. Due to a history of diabetes, we are requesting that the following information be provided from the treating health care provider. We appreciate your assistance in providing the necessary information.

Occupational Health Examiner

Date

Please complete below and fax to Workplace Health & Wellness at 215-453-4719

Required:

Documentation of Hemoglobin A1C (within 6-12 months) - Note recommended A1C < 10%
Use of Insulin requires MCSA-5870: Insulin Treated Diabetes Mellitus Assessment Form

Medication regimen: _____

- Is your patient's diabetes stable? Yes __ No__
Has your patient had episodes of hypoglycemia, dizziness, or loss of consciousness? Yes __ No__
Do you see your patient for a diabetic exam at least every 6 months? Yes __ No__
Does your patient receive an annual retinal exam from the ophthalmologist? Yes __ No__
Does the patient have any of the following complications from his/her diabetes? Yes __ No__
____Nephropathy ____Retinopathy ____Neuropathy ____Heart Disease

In your medical opinion, is this person able to safely operate a commercial motor vehicle?

Yes__ No__

If no, please explain _____

Signature: _____ Date: _____

Physician Name: _____ Phone: _____