

DOT Physical: Musculoskeletal Disorder – 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 musculoskeletal disorder, we are requesting that the following information be provided from the treating health care provider.

We appreciate your assistance in providing the necessary information requested below.

Occupational Health Examiner

Date

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

How long have you been treating this patient? _____

What is the patient's current diagnosis? _____

Is your patient's condition considered stable? Yes ___ No ___

If no, please explain: _____

Please list current medications and dose: _____

Do any of the prescribed medications adversely affect the driver's ability to safely operate a CMV?
Yes ___ No ___

In your medical opinion, is this person able to safely operate a commercial motor vehicle considering the complex physical and mental requirements with the current diagnosis and medication use?
Yes ___ No ___

If no, please explain _____

Signature: _____ Date: _____

Physician Name: _____ Phone: _____