

DOT Physical: Psychiatric 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 psychiatric disorder, we are requesting that the following information be provided from the treating health care.

“A person is physically qualified to drive a commercial motor vehicle if that person has no mental, nervous, organic, or functional disease or psychiatric disorder likely to interfere with his/her ability to drive a commercial motor vehicle safely.”

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 dosages: _____

Do you have any concerns that the prescribed medication(s) may adversely affect the driver’s ability to safely operate a CMV? Yes ___ No ___

Do you have any recommendations on the timing of medication administration in relation to driving and necessary wait times based on the half-life of the medication? Yes ___ No ___

If yes, please describe: _____

In your medical opinion, is this person able to safely operate a commercial motor vehicle considering their current diagnoses and prescribed medications? Yes ___ No ___

If no, please explain: _____

Signature: _____ Date: _____

Physician Name: _____ Phone: _____