Workplace Health & Wellness
Main Office
4 Lifemark Drive
Sellersville, PA 18960
P: 215-453-4941 | F: 215-453-4719

GRAND VIEW HEALTH
WORKPLACE HEALTH & WELLNESS

Workplace Health & Wellness
Harleysville Office
270 Main Street, Ste. 102
Harleysville, PA 19438
P: 215-453-4941 | F: 215-453-4719

DOT Physical: Anxiolytic Drug Use – 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 use of an anxiolytic or sedative hypnotic therapy, we are requesting that the following information be provided from the treating health care provider. Please review the FMCSA Guidelines below:

Anxiolytic drugs used for the treatment of anxiety disorders and to treat insomnia are termed sedative hypnotics. Studies have demonstrated that benzodiazepines, the most commonly used anxiolytics and sedative hypnotics, impair skills performance in pharmacologically active dosages. The effects of benzodiazepines on skills performance generally also apply to all non-benzodiazepine sedative hypnotics, although the impairment is typically less profound. However barbiturates and other sedative hypnotics related to barbiturates cause greater impairment in performance than benzodiazepines. Epidemiological studies indicate that the use of benzodiazepines and other sedative hypnotics are probably associated with an increased risk of automobiles crashes.

We appreciate your assistance in providing the necessary information 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 you have any concerns that the prescribed medication 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: _____