What You Need to Know for Your DOT Certification

For your exam, it is helpful to know if you have any of the health problems listed below. Put a check mark (✓) in the box next to any of the health problems you have. We may need records, test results or more information based on the problem.

☐ Vision Problems
  - If you wear glasses or contacts for driving, bring them when you come for your exam

☐ Hearing Problems
  - If you wear hearing aids, bring them when you come for your exam

☐ Diabetes
  - If you do not take insulin - bring in a copy of your last A1C (in the last 3 months) and your kidney function testing from your medical provider (doctor, physician assistant, nurse practitioner).
  - If you take Insulin - The provider treating your diabetes will complete the new form MCSA-5870, “Insulin-Treated Diabetes Mellitus Assessment Form”.
    o This form must be done within 45 days of your DOT exam.
    o Bring the form and your 3 months of printed electronic blood sugar logs with you. You need this to be considered for certification.

☐ Chronic Kidney Disease (CKD)
  - You may need to bring a statement from your provider (doctor, physician assistant, nurse practitioner) that clears you to drive a commercial vehicle
  - You may need to bring lab records of your kidney and electrolyte function and an EKG or Echocardiogram

☐ High Blood Pressure
  - Check your blood pressure before the exam. It’s best for your blood pressure to be no higher than 140/90.
  - If you have a record of high blood pressure or if you are being treated for high blood pressure, you may get a card that is valid for less than 2 years.
Lungs

☐ Sleep Apnea
  - Bring a recent report of your CPAP or BiPAP use
  - Bring a report of your sleep study results

☐ Asthma
  - The provider may ask for medical records such as a pulmonary function test, chest x-ray or pulmonary clearance

☐ COPD
  - The provider may ask for medical records such as a pulmonary function test, chest x-ray, pulmonary clearance

☐ Smoker – if you are over 35 years old
  - The provider may ask for medical records such as a pulmonary function test, chest x-ray, pulmonary clearance

Heart/Circulation

☐ Heart Attack
  - You may need to bring a statement from your cardiologist that clears you to drive a commercial vehicle
  - You may need to bring a record of an echocardiogram or other test such as a Cardiac Stress Test

☐ Cardiac Stent Surgery
  - You may need to bring a statement from your cardiologist that clears you to drive a commercial vehicle
  - You may need to bring a record of an echocardiogram or other test such as a Cardiac Stress Test

☐ Coronary Artery Bypass Graft Surgery
  - You may need to bring a statement from your cardiologist that clears you to drive a commercial vehicle
  - You may need to bring a record of an echocardiogram or other test such as a Cardiac Stress Test
□ Blood clots or blood thinner treatment

- You may need to bring a statement from your cardiologist that clears you to drive a commercial vehicle
- You may need to bring PT/INR records with you from the past 30 days

**Brain/Nervous System**

□ Stroke, TIA or Aneurysm

- You may need to bring a statement from your neurologist that clears you to drive a commercial vehicle

□ Epilepsy/Seizures

- You may need to talk to the Medical Examiner about your health problem

□ Psychiatric/Mental Condition

- You may need to bring a statement from your provider that clears you to drive a commercial vehicle

□ Drug or Alcohol Addiction

- You may need to bring a statement from your provider that clears you to drive a commercial vehicle

**Patient Attestation Statement:**

By signing this paper, you agree:

- You have read and understand what you may need to bring for each listed medical problem.
- You know you will be charged a **follow-up fee** when you come back if you:
  - Do not meet the requirements at this time (temporary disqualification) and you come back before the 45 day period with the right information needed for certification
- You know you will be charged the **full exam price** again when you come back if you:
  - Do not meet the requirements (disqualified)
  - Do not meet the requirements at this time (temporary disqualification) and you come back after the 45 day period
  - Have a shorter duration card (card that isn’t valid for 2 years)

Patient Signature: ___________________________ Date: ______________

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ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-821-1535.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-821-1535.

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