

Bradley K. Harrison, MD



Kyle E. Platz, DO

DEPARTMENT OF TRANSPORTATION (DOT) COMMERCIAL DRIVER FITNESS DETERMINATION
HYPERTENSION ASSESSMENT

Patient Name _____ Date _____

DOT Findings: _____

DOT regulations Section 391.41(b)(6) state "A person is physically qualified to drive a commercial motor vehicle if that person: Has no current clinical diagnosis of high blood pressure likely to interfere with ability to operate a commercial motor vehicle safely". For an individual who has been diagnosed with hypertension, the regulations require consistent blood pressure readings less than or equal to 180 systolic AND 104 diastolic for a temporary (three month) certification. Readings less than or equal to 160 systolic AND 90 diastolic will qualify for a one year certification.

Patient Consent for Release of Medical Information

I, _____ hereby authorize the release of all medical records, medical reports, or other pertinent studies to Manhattan Primary Care for Commercial Driver Fitness Determination.

Patient Signature _____ DOB _____

Witness _____ Date _____

Statement of Personal Physician

I have read and understand the DOT regulations cited above. I verify the above-named individual has no current clinical diagnosis of high blood pressure likely to interfere with his/her ability to operate a commercial motor vehicle safely. Also the condition and medications at the clinical dose will not cause imminent risk of syncopal episode or other symptoms that would affect the individual's ability to safely operate a commercial motor vehicle. I am enclosing appropriate documentation, if applicable, to support this statement.

Physician Name _____ Date _____

Physician Signature _____

Street _____

City _____ State _____ Zip _____

Phone(_____) _____ Fax(_____) _____

PLEASE SEND OR FAX THIS FORM AND SUPPORTING DOCUMENTS TO THE ADDRESS OR FAX NUMBER INDICATED BELOW. THANK YOU FOR YOUR COOPERATION.

If you have any questions, please contact the Manhattan Primary Care Physician indicated below.

Provider Name _____

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