

Bradley K. Harrison MD, FAAFP



Kyle E. Platz DO, FAAFP

Date: _____

Re: Patient Name: _____

Patient D.O.B: _____

Dear Dr. _____

Your patient _____ is applying for a Commercial Driver’s License (CDL). Because of underlying health conditions, new regulations make it imperative that the patient receives a neurology consult. The consult must contain certain tests and opinions. Please complete this form and return it with additional requested information to our office at your earliest convenience.

Diagnosis: _____

Medications: _____

If history of seizures, please document the following in a letter on your letterhead:

- Seizure free period
- Length of time off anticonvulsants
- Normal physical examination
- Neurological examination
- Neuro-Ophthalmological evaluation if done
- Neuropsychological testing if done with test results attached.
- Clearance from a neurologist who understands the functions and demands of Commercial driving.

If history of Stroke or Transient Ischemic Attack (TIA), please document the following in a letter on your letterhead noting that the patient is low risk for sudden incapacitation.

Any findings of neurological examination including your assessment of:

- Cognitive abilities.
- Judgment.
- Attention.
- Concentration.
- Vision.
- Physical strength and agility.
- Reaction time.
- Type of stroke _____
- Time from the Stroke _____
- Date of last visit _____

Minimum waiting periods:

For Embolic and Thrombotic Strokes, the minimum waiting periods are

- 1 year if not at risk for seizures (cerebellum or brainstem vascular lesions)
- 5 years if at risk for seizures (cortical or subcortical deficits)