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

Patient Name _____

DOT Findings: _____

DOT regulations Section 391.41(b)(8) state "A person is physically qualified to drive a commercial motor vehicle if that person: Has distant visual acuity of at least 20/40 (Snellen) in each eye with or without corrective lenses or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses, distant binocular acuity of at least 20/40 (Snellen) in both eyes with or without corrective lenses, field of vision of at least 70 degrees in the horizontal meridian in each eye, and the ability to recognize the colors of traffic signals and devices showing standard red, green, and amber."

Patient Consent for Release of Medical Information

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

Patient Signature _____ DOB _____

Statement of Personal Physician

I have read and understand the DOT regulations cited above. I verify the above-named individual meets the above-specified vision standards with/without (please circle as appropriate) corrective lenses. I am enclosing appropriate documentation, if applicable, to support this statement.

Physician Name _____ Date _____

Physician Signature _____

Street _____

City _____ State _____ Zip _____

Phone (_____) _____ Fax (_____) _____

Please send this form and supporting documents to the address or fax listed below. Thank you for your help in obtain certification for this driver. If you have any questions, please contact Manhattan Primary Care.