

Bradley K. Harrison MD, FAAFP



Kyle E. Platz DO, FAAFP

**DEPARTMENT OF TRANSPORTATION (DOT) COMMERCIAL DRIVER FITNESS DETERMINATION
DIABETES MELLITUS ASSESSMENT**

Patient Name _____

DOT Findings: _____

DOT regulations Section 391.41(b)(3) state: "A person is physically qualified to drive a commercial motor vehicle if that person: Has no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control." According to current DOT guidelines, acceptable levels of control include a random blood glucose less than 200 mg/dl or a glycosylated hemoglobin level (A1C) of 10% or less.

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 _____

Witness _____ Date _____

Statement of Personal Physician

I have read and understand the DOT guidelines pertaining to diabetic disease as described above. I verify the above-named individual has diabetes with an A1C less than 10%, and they present no imminent risk of syncopal episode, hypoglycemia or other symptoms that would affect their ability to safely operate a commercial motor vehicle. **I verify that patient is NOT on insulin.** I am including a glycosylated hemoglobin (A1C) performed within the past four months.

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.