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DEPARTMENT OF TRANSPORTATION (DOT) COMMERCIAL DRIVER FITNESS DETERMINATION
Respiratory Disease – Asthma/COPD

Patient Name _____ Date _____

The above-named individual has presented for a Commercial Driver Fitness Determination in accordance with DOT regulations 49 CFR 391.41. During the examination it was noted that the individual has Respiratory Disease.

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 a respiratory dysfunction likely to interfere with his/her ability to control and drive a commercial motor vehicle safely." **Please provide PFT or spirometry documenting FEV1 is > 65%.** If the forced expiratory volume in the first second of expiration (FEV1) is less than 65% of that predicted, please order an arterial blood gas (ABG) measurements.

Patient Consent for Release of Medical Information

I, _____ hereby authorize the release of all pertinent 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 guidelines cited above. I attest that the patient has no hypoxemia at rest, chronic respiratory failure, or history of continuing cough with cough syncope. I am enclosing appropriate documentation, if applicable, to support this statement. **Please include a copy of the most recent PFT or spirometry showing FEV1 is > 65% predicted.** If not please provide copy of ABG.

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 Manhattan Primary Care.