

Bradley K. Harrison MD, FAAFP



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**DEPARTMENT OF TRANSPORTATION (DOT) COMMERCIAL DRIVER FITNESS DETERMINATION
BEHAVIORAL HEALTH ASSESSMENT**

Patient Name _____

DOT Findings: _____

DOT regulations Section 391.41(b)(9) state: "A person is physically qualified to drive a commercial motor vehicle if that person: Has no mental, nervous, organic, or functional disease or psychiatric disorder likely to interfere with his/her ability to drive a commercial motor vehicle safely."

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 verify the above-named individual has behavioral health diagnoses that are well controlled in the past year. I believe their behavioral health is optimally controlled and does not interfere with their ability to drive a commercial motor vehicle safely.

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.