

Dear _____ CDL Applicant, DOB _____

In order to be successful and efficient in your quest for a CDL, We will need you to bring to your exam, the following:

- _____ 1. If you require correction to your **vision**, whether or not you routinely wear contacts, you must bring a pair of glasses with you to the exam.
- _____ 2. If you were **hearing aids** please bring them and extra batteries.
- _____ 3. If you had a **Heart Attack, MI, Stents PCI, Angina;** you will require a cardiology consult BEFORE your CDL exam. Please call xxx-xxx-xxxx for assistance with this Consult. (We have a form letter for the Dr. to make this an easier process for all)
- _____ 4. If you have had a **Stroke, Seizure, Traumatic brain injury, or TIA** you will require a Neurology consult BEFORE your CDL exam. Please call xxx-xxx-xxxx for assistance with this Consult. (We have form letter for the Dr. to make this an easier process for all)
- _____ 5. If you have **Diabetes** you are required a letter from your treating doctor, BEFORE your CDL Exam; with specific areas addressed; to include a 1-month log of fasting blood sugars and HgA1c. Please call xxx-xxx-xxxx for assistance with this Consult. (We have a form letter for the Dr. to make this an easier process for all)
- _____ 6. If you have adult **ADHD** and are being treated for this we need a consult from your treating PCM or mental health provider with specific information, BEFORE YOUR CDL EXAM. Please call xxx-xxx-xxxx for assistance with this Consult. (We have a form letter for the dr. to make this an easier process for all)
- _____ 7. If you are currently being treated for **Depression;** we need a consult from your treating PCM or mental health provider with specific information. BEFORE YOUR CDL EXAM. Please call xxx-xxx-xxxx for assistance with this Consult. (We have a form letter for the Dr. to make this an easier process for all)
- _____ 8. If you have **Sleep Apnea or Sleep Disorder** we need a consult from your sleep specialist or PCM with specific information. BEFORE YOUR CDL EXAM. Please call xxx-xxx-xxxx for assistance with this Consult. (We have a form letter for the Dr. to make this an easier process for all)

Sincerely,
Robert J. Gordon. D.O.
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734-455-3530
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Certified Commercial Motor Vehicle Examiner
National Registry ##334-998-4396

FMCSA interpretation of Part 391.41:

Medical certification determinations are the responsibility of the **Commercial Driver Medical Examiner (CDME)**.

The **motor carrier**, who is ultimately responsible for ensuring that only medically qualified drivers are operating CMVs, has the responsibility to ensure that the CDME is informed of the minimum medical requirements, AND the characteristics of the work to be performed *prior to* the examination and issuance of a medical certificate,

For SPE or exemption, the **medical examiners** determines that the driver meets the criteria with the exemption or SPE, **the employer** must follow through and ensure that those variances are **obtained prior to permitting** the driver to operate CMV (includes age & language requirements).

In-order-to ensure that your company drivers/candidates are provided the most efficient & effective one-stop quality services, we recommend the following information be passed to each driver/candidate.

Dear Employee:

To ensure that a DOT physical can be completed in a timely manner please read this letter and bring with you any documentation related to the medical conditions listed below.

Please come prepared to the exam by considering the following:

- Make sure to arrive at the scheduled time.
- Please bring with you your **Company ID** and current **DOT medical qualification card**.
- If you **wear prescription contacts**, make sure you wear them & bring an extra pair of **glasses** for the exam.
- If you have **hearing aid(s)**, bring them with you to the exam & an extra power source.
- If you take **blood thinners** such as Warfarin or Coumadin, bring documentation that your INR has been regulated for at least the last month.
- If you have **diabetes**, bring documentation of A1C of less than 8. Documentation must be less than 6 months old.
- If you have been **diagnosed with heart disease or heart attack or other cardiovascular condition** bring a copy of your recent cardiac stress test results completed within the last two years.
- If you have had **heart surgery (valve replacement /bypass, angioplasty)** bring a letter from your cardiologist clearing you to drive a commercial vehicle.
- If you have a **pacemaker**, bring documentation of annual pacemaker check.
- If you have been **diagnosed with a nervous or psychiatric disorder**, bring a letter from your psychiatrist clearing you to drive a commercial vehicle.
- If you have been diagnosed with **seizures or epilepsy**, bring documentation from your treating provider that you have been seizure free without taking seizure medication for 10 years.
- If you are on any prescription medications, bring the medications with you.
- If you are taking blood pressure medication or if your blood pressure is greater than 140/90 during the exam, you do not qualify for a 2 year DOT card and will be issued a card of less than 2 years.
- All individuals with **Sleep Disorders/Obstructive Sleep Apnea** should be referred to a clinician with relevant expertise as OSA diagnosis precludes unconditional certification. A driver with an OSA diagnosis may be recertified annually, based on demonstrating compliance with treatment (minimally acceptable compliance with Positive Airway Pressure (PAP) treatment consists of **at least 4 hrs/d of use on 70 % of days**. Optimal treatment efficacy occurs with 7 or more hours of daily use during sleep. The driver does not report excessive sleepiness during the major wake period indicates OSA being effectively treated.

Please arrive for the physical on your scheduled time. Call for any clarifications or requirements or questions. The clinic (s) can perform physicals between 8:00 am and 1:00 pm Monday, Wednesday and Friday at authorized clinic locations:

Thank You,

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