

Dear Dr. _____, Treating doctor.

Your Pt. _____ DOB _____

Is applying for a NEW/RENEWING Commercial Drivers License, (CDL). Rules governing the CDL have changed per Department of Transportation (DOT). Please address the highlighted areas and attached required testing so that your patient may be successful in their quest for a CDL.

Diagnosis: **DIABETES**,

Diet controlled, _____

Oral meds _____

Insulin _____

Adult Meds _____

The patient's meds have been STABLE/CHANGE on Dose _____

_____ Patients Blood sugars FBS log for 1 month attached average 90-120

_____ HgA1c _____ 8 or less. Please attach test.

_____ Any hypoglycemic episodes in last yr. requiring medical intervention

ADHD

_____ Source of diagnosis, attach copy of testing

_____ No drug-induced impairment. _____

_____ No tendency to increase the dose. _____

_____ Disqualifying underlying condition (e.g., narcolepsy). _____

_____ Treatment side effects that interfere with safe driving. _____

_____ Adequate Vigilance and Attention for CDL _____

_____ Able to Perform of simple tasks (not complex intellectual functions).

_____ Able to perform complex intellectual tasks & functions associated with CDL

_____ Any accommodations required by pt. to perform job tasks

Please feel free to call my office at 734-455-3530 with any questions regarding this consult.

Sincerely,

Robert J. Gordon. D.O.

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