

Date _____

RE: _____ SSN: _____

Dear Doctor,

Your patient was seen today in our office for a physical examination required for commercial driving. I learned of his/her history of sleep apnea. I need information from you before I can make a determination of his/her ability to safely operate a motor vehicle.

According to the Federal Motor Carrier Safety Administration, "A person is 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 the ability to control and drive a commercial motor vehicle safely.*" (For a copy of the requirements, go to <http://www.fmcsa.dot.gov/rulesregs/medreports.htm>)

In order to make a decision about your patient I need some additional information. To make reporting this information as easy as possible, I am asking you to answer the following questions, enter your office address and phone number, sign the form, and fax it back to us.

WE CAN NOT ISSUE A DOT OR SCHOOL BUS DRIVER'S CARD UNTIL THIS INFORMATION IS RECEIVED. IF WE DON'T RECEIVE THIS INFORMATION WITHIN 2 WEEKS, THE EXAMINEE WILL FAIL THE EXAMINATION.

Thanks for your help and feel free to call if you have any questions.

Sincerely yours,

Medical Director

Physician's Name _____

Address _____

Phone _____

Date of most recent sleep study and results (Please send a copy of the interpretation): _____

Current Medications: _____

Compliance with medication regime and other treatments: _____

I believe this patient's sleep apnea or other respiratory disease is not likely to cause symptoms of syncope, dyspnea, collapse, or other medically serious problems and this patient can safely fulfill the requirements of a commercial driver.

Signature _____ Date _____