

Date: _____

Driver's Name and Date of Birth _____

Dear Doctor,

The above named person has been seen in our clinic for certification/re-certification for his/her Commercial Driver's License Medical Examination.

The new guidelines from the Federal Motor Carriers Safety Administration under the Department of Transportation have made it necessary for our clinic to require from any physician treating chronic medical conditions and prescribing medications, provide a letter stating the chronic medical condition(s) is/are stable. Also, any physician prescribing controlled medications, must provide a letter stating the driver's condition is stable and he/she has been found physically and mentally fit to operate a Commercial Motor Vehicle and/or heavy equipment while being prescribed these controlled medications.

Enclosed you will find a form that may be forwarded to our facility in lieu of a written letter.

Your time and cooperation in this matter is greatly appreciated.

Please feel free to contact our staff with any questions or concerns you may have.

You may forward the information to:

DOT Examinations
Doctors' Care
307 east Meighan Blvd
Gadsden, AL 35904

Phone: 256-543-2273 Fax: 256-543-2293 email: doctorscare@bellsouth.net

Date: _____

I am currently treating _____ for the following medical condition(s) _____

_____.

Please list medications you are prescribing including dosage. _____

_____.

It is of my medical opinion these conditions are stable at this time and the mentioned patient is able to operate a Commercial Motor Vehicle and/or heavy machinery without posing a risk to himself/herself or others.

Physician's signature/date

Physician's Printed name and contact information