

**DEPARTMENT OF TRANSPORTATION (DOT) COMMERCIAL DRIVER FITNESS DETERMINATION
DIABETES MELLITUS ASSESSMENT**

Date _____

Patient Name _____

DOT Findings: _____

DOT regulations Section 391.41(b)(3) state: "A person is physically qualified to drive a commercial motor vehicle if that person: *Has no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control.*" According to current DOT guidelines, acceptable levels of control include a random blood glucose less than 200 mg/dl or a glycosylated hemoglobin level of 8 or less.

Patient Consent for Release of Medical Information

I, _____ hereby authorize the release of all medical records and reports, including ECG, stress tests, diagnostic imaging, laboratory reports, or other pertinent studies to MedCentral for Commercial Driver Fitness Determination.

Patient Signature _____ DOB _____

Witness _____ Date _____

Statement of Personal Physician

I have read and understand the DOT guidelines pertaining to diabetic disease as described above. I verify the above-named individual has diabetes which is controlled without the use of insulin, and he/she presents no imminent risk of syncopal episode, hypoglycemia or other symptoms that would affect his/her ability to safely operate a commercial motor vehicle. **I am enclosing appropriate documentation including copies of glucose levels and/or glycosylated hemoglobin performed within the past four months.**

Physician Name _____ Date _____

Physician Signature _____

Street _____

City _____ State _____ Zip _____

Phone(_____) _____ Fax(_____) _____

PLEASE BRING THIS FORM AND SUPPORTING DOCUMENTS TO YOUR APPOINTMENT. THANK YOU FOR YOUR COOPERATION.

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