

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

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

DOT Findings: \_\_\_\_\_

**DOT regulations** Section 391.41(b)(6) state "A person is physically qualified to drive a commercial motor vehicle if that person: *Has no current clinical diagnosis of high blood pressure likely to interfere with ability to operate a commercial motor vehicle safely*". For an individual who has been diagnosed with hypertension, the regulations require consistent blood pressure readings less than or equal to 140 systolic AND 90 diastolic for certification on an annual basis.

**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 regulations cited above. I verify the above-named individual has no current clinical diagnosis of high blood pressure likely to interfere with his/her ability to operate a commercial motor vehicle safely. Also the condition and medications at the clinical dose will not cause imminent risk of syncopal episode or other symptoms that would affect the individual's ability to safely operate a commercial motor vehicle. **I am enclosing appropriate documentation, if applicable, to support this statement.**

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.**

**MedCentral West**  
1720 Westchester Dr.  
High Point, NC 27262  
Phone: (336) 883-4296  
Fax: (336) 883-2615

**MedCentral Thomasville**  
711 National Highway, Suite 100  
Thomasville, NC 27360  
Phone: (336) 885-9030  
Fax: (336) 472-9215

**MedCentral North**  
2401 Hickwood Rd., Suite 106  
High Point, NC 27265  
Phone: (336) 885-9675  
Fax: (336) 885-9682