

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

Patient Name _____ Date _____

DOT Findings: _____

DOT regulations Section 391.41(b)(8) state "A person is physically qualified to drive a commercial motor vehicle if that person: *Has no current established medical history or clinical diagnosis of epilepsy or any other condition which is likely to cause loss of consciousness or any loss of ability to control a motor vehicle.* The following drivers cannot be qualified: (1) a driver who has a medical history of epilepsy; (2) a driver who has a current clinical diagnosis of epilepsy; or (3) a driver who is taking antiseizure medication." DOT guidelines allow for possible exceptions to these regulations.

Patient Consent for Release of Medical Information

I, _____ hereby authorize the release of all medical records and reports, including EEG, 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 medical history of epilepsy, has no clinical diagnosis of epilepsy and is not taking antiseizure medication likely to interfere with his/her ability to operate a commercial motor vehicle safely. Also the individual is not likely to have a loss of consciousness or a loss of ability to control a commercial motor vehicle. **I am enclosing appropriate documentation, if applicable, to support this statement.**

Date of Last Seizure _____ Date of Last Anti-seizure Medication _____

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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