



DOT EXAM REQUIREMENTS

In order for us to complete your DOT exam effectively, we would ask that you bring in the items listed that pertain to your health history. If you do not bring in the required information, we may not be able to certify you.

<ul style="list-style-type: none"><input type="checkbox"/> Blood Pressure<ul style="list-style-type: none"><input type="checkbox"/> Note from Physician stating that you are under their care for high blood pressure and your blood pressure is 140/90 or less.<input type="checkbox"/> List of medications and dosages	<ul style="list-style-type: none"><input type="checkbox"/> Heart Conditions<ul style="list-style-type: none"><input type="checkbox"/> Heart Attack, Stents, Angioplasty/Angina<input type="checkbox"/> Provider statement showing you are able to operate a commercial vehicle safely<input type="checkbox"/> Copy of a recent EKG
<ul style="list-style-type: none"><input type="checkbox"/> Neurological Conditions<ul style="list-style-type: none"><input type="checkbox"/> Stroke, Seizure, Brain Injury, or TIA<input type="checkbox"/> Provider statement showing you are able to operate a commercial vehicle safely	<ul style="list-style-type: none"><input type="checkbox"/> Diabetes<ul style="list-style-type: none"><input type="checkbox"/> Copy of most recent HgA1c results, must be within 6 months<input type="checkbox"/> List of prescribed medications and dosages<input type="checkbox"/> DOT Insulin Paperwork form*. Filled out by the provider that manages your Diabetes
<ul style="list-style-type: none"><input type="checkbox"/> Vision Correction<ul style="list-style-type: none"><input type="checkbox"/> Wear glasses or contacts if needed<input type="checkbox"/> If you are blind in one eye or are color blind, you will be required to bring a federal vision exemption form*	<ul style="list-style-type: none"><input type="checkbox"/> Hearing Correction<ul style="list-style-type: none"><input type="checkbox"/> Wear hearing aids if needed<input type="checkbox"/> Current Audiogram done with hearing aids from audiologist. Hearing exempt for if applicable*
<ul style="list-style-type: none"><input type="checkbox"/> Depression, Anxiety, Bipolar, PTSD, Panic Disorder<ul style="list-style-type: none"><input type="checkbox"/> Provider note stating your medications are tolerated with no symptoms of sleepiness and you are capable of operating a commercial vehicle	<ul style="list-style-type: none"><input type="checkbox"/> Sleep Apnea<ul style="list-style-type: none"><input type="checkbox"/> Copy of sleep study<input type="checkbox"/> Copy of 90-day CPAP compliance report (this can be obtained from the company that manages the CPAP machine)
<ul style="list-style-type: none"><input type="checkbox"/> Coumadin, Warfarin<ul style="list-style-type: none"><input type="checkbox"/> Copy of most recent INR test results	<ul style="list-style-type: none"><input type="checkbox"/> Medications with Risk of Sedation<ul style="list-style-type: none"><input type="checkbox"/> Provider note stating:<ul style="list-style-type: none">-List of medications and dosages-How long you have been on the medications-Tolerating the medications with no symptoms-Showing that you are capable of operating a commercial vehicle

*[Insulin-Treated Diabetes Mellitus Assessment Form MCSA-5870_508](#)

*[Vision Evaluation Report Form MCSA-5871_508](#)

*[Federal Hearing Exemption NEW 07082024](#)