

LYON COUNTY CHIROPRACTIC

DOT EXAM REQUIREMENTS CHECKLIST

Please bring with you any of the following items that are applicable to your health history, **in addition to all medications you are currently taking.** If you do not have the required information, we will not be able to certify you right away and you will need to bring back this information within the time frame given with your temporary card.

REMINDER: DO NOT URINATE PRIOR TO COMING FOR THE DOT EXAM, AS A URINE TEST IS REQUIRED.

Vision Correction ☐ Pair of glasses or contacts ☐ If you are blind in one eye, you must bring a Federal Vision Exemption paper	Hearing Aids ☐ Hearing aids ☐ Current hearing test with hearing aids from your audiologist to your exam.
Heart, MI, Stents, Angioplasty/Angina ☐ Cardiology consult ☐ Cardiologist statement clearing you to operate a commercial motor vehicle from a cardiac perspective ☐ Copy of most recent exercise stress test results ☐ Copy of echocardiogram	Stroke, Seizure, Traumatic Brain Injury, TIA ☐ Neurology consult ☐ Neurologist statement clearing you to operate a commercial motor vehicle from a neurologic perspective
Diabetes ☐ Physician letter, with the following addressed: ☐ HgA1c, recent as of six months ☐ Physician statement documenting diabetes control and complications ☐ All prescribed diabetes medication(s) ☐ Insulin waiver (if applicable)	Medications with Risk of Sedation ☐ Physician not stating*: ☐ List of medications and dosages ☐ How long you have been on medications ☐ Tolerate medications with no daytime sleepiness ☐ That you are safe to operate a commercial motor vehicle
Blood Pressure (borderline or difficult) ☐ Physician note indication you are being treated to control your blood pressure, with a reading of 140/90 or less ☐ List of medications with dosages	Sleep Apnea, Sleep Disorders** ☐ Sleep specialist consult ☐ Copy of sleep study
Coumadin, Warfarin ☐ Copy of most recent INR test results Depression, Anxiety, Bipolar, PTSD, Panic Disorder ☐ Physician note stating your medications are tolerated with no daytime sleepiness and that you are safe to operate a commercial motor vehicle.*	Depression, Anxiety, Bipolar, PTSD, Panic Disorder ☐ Physician note stating your medications are tolerated with no daytime sleepiness and that you are safe to operate a commercial motor vehicle.*

If you use a CPAP machine, we will need to see usage statistics for >last 30 days. This can be obtained from the company that manages the CPAP machine. Compliance means use of >4 hours/night, 70% of the time.

There are instances where we cannot issue a medical certificate pending the prescribed medication(s)

PLEASE NOTE: Most chronic health conditions, including high blood pressure, will only allow us to certify you for one year or less. We follow the criteria established in *The DOT Medical Examination, A Guide to Commercial Drivers' Medical Certification*, Fifth Edition by Dr. Natalie Hartenbaum to determine if you meet the guidelines for DOT medical clearance and the length of time you may be certified. During the examination the provider may find medical conditions that will require further evaluation by a specialist prior to certification.