

DOT CHECKLIST OF REQUIREMENTS PRIOR TO EXAM

Patient Name: _____ DOB: _____

To help us complete your physical in a timely manner, 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.

Having the below items ready on the day you have your DOT physical will help us certify you in the fastest manner possible. If you do not have the required information, we will not be able to certify you right away and you will need to come back with this information. You can always **fax it to us at (801) 851-7039**, attention to UCHD DOT physical.

____1. If you require correction to your **vision**, whether or not you routinely wear contacts, you must bring a pair of glasses with you or wear your contacts to the exam.

____2. If you wear **hearing aids** please bring them and extra batteries.

____3. If you have had a **Heart Attack, MI, Stents, angioplasty (ballooning), or Angina**, you will require a cardiology consult BEFORE your physical. We can make a request letter for you to give your physician if necessary, to explain this information. You will need to bring a copy of your most recent EKG and your last exercise stress test results.

____4. If you have had a **Stroke, Seizure, Traumatic brain injury, or TIA** you will require a Neurology consult BEFORE your physical.

____5. If you have **Diabetes** you are required to bring a letter from your treating doctor, BEFORE your physical; with specific areas addressed:
A) 1-month log of fasting blood sugars and most recent HgA1c (we can also check your HgA1C for an additional fee).
B) Bring in all diabetes medication/s.

____6. If you have **adult ADHD or ADD** and are being treated for this, we need a consult from your treating PCP or mental health provider with specific information, BEFORE your physical exam.

____7. If you are currently being **treated for Depression or other mental illness**, we need a consult from your treating PCP or mental health provider with specific information, BEFORE your physical.

____8. If you have **Sleep Apnea** or Sleep Disorder we need a consult from your sleep specialist or PCP with specific information, BEFORE physical. If you use a CPAP machine, we will need to see usage statistics for the last month. Your company that manages the CPAP machine can do this for you.

____9. If you are on **medications** that require level monitoring, like **Coumadin or Warfarin**, bring a copy of your most recent lab test results.

____10. If you have a **pacemaker**, you will need to bring documentation of annual pacemaker check.

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 Department of Transportation guidelines in the Medical Examiner's handbook to determine if you meet guidelines for DOT medical clearance and the length of time you may be certified. During the examination the clinician may find medical conditions that will require further evaluation by a specialist prior to certification. Once the evaluations are complete you will be able to return to our office with the necessary documentation to determine if you are fit for certification. Your signature below confirms understanding of the above information.

Signature: _____ Date: _____

To **schedule your appointment** please call **(801) 851-7031 or (801) 851-7038.**
151 S. University Avenue, suite 1709, Provo, UT 84601