

## **DOT Medical Clearance: CHRONIC KIDNEY DISEASE**

### **DOT Physical Exam Medical Clearance**

**Patient** \_\_\_\_\_

**Date** \_\_\_\_\_

**DOB** \_\_\_\_\_

The above driver has presented for a DOT medical certificate to drive a commercial motor vehicle. Per Federal Motor Carrier Safety Administration medical guidelines, we ask for your professional opinion to determine if the driver is medically cleared to operate a commercial vehicle.

CKD stage: \_\_\_\_\_

Is the patient on:

Hemodialysis  
Peritoneal Dialysis

What is the cause of the ESRD: \_\_\_\_\_

Most recent:

Serum Cr \_\_\_\_ Date \_\_\_\_

GFR \_\_\_\_ Date \_\_\_\_

Is patient s/p Renal Transplant? Y N

If yes, date of transplant: \_\_\_\_\_

**For Patients on Dialysis:**

Is the driver compliant with the dialysis schedule? Y N

Does the driver experience symptoms pre- or post-dialysis, such as excessive fatigue, muscle cramps, hypotension, or cognitive impairment? \_\_\_\_\_

If an underlying cardiovascular condition exists, is the driver likely to experience syncope, dyspnea, collapse, or congestive cardiac failure? \_\_\_\_\_

The demands of a commercial driver include loading/unloading heavy cargo, tarping trailers, coupling/uncoupling trailers, inspecting brake lines and putting on tire chains and require perceptual skills to monitor a complex driving situation and judgment skills to make quick decisions in addition to the ability to control an oversize steering wheel, shift gears using a manual transmission, maneuver a vehicle in crowded areas, enter and exit the cab frequently, and the ability to climb ladders on the tractor/trailer.

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If it is your recommendation that the driver can operate a Commercial Motor Vehicle safely, please sign and date below.

\_\_\_\_\_  
**Provider's Signature**

\_\_\_\_\_  
**Date**

If it is your recommendation that the driver **CANNOT** operate a Commercial Motor Vehicle safely, please sign and date below.

\_\_\_\_\_  
**Provider's Signature**

\_\_\_\_\_  
**Date**

**PRINT PROVIDER'S NAME** \_\_\_\_\_

Address (City, State, Zip): \_\_\_\_\_

**Return this letter to the patient's medical examiner by fax/email:**

\_\_\_\_\_

**Thank you for your assistance.**