

## *DOT Medical Clearance: HYPERTENSION*

# 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 for drivers with a history of **HYPERTENSION**, we ask for your professional opinion to determine if the driver is medically cleared to operate a commercial vehicle:

1. This patient is currently under my care for Hypertension which is adequately controlled.  
 Yes  No

2. Current Anti-hypertensive Treatment (medications, dose, frequency):

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3. BP on medication regimen listed above/Date:

4. Does this patient have any of the following complications from his/her hypertension?

Heart Disease  Kidney Disease  Retinopathy

(Please provide copies of pertinent test reports, e.g. ECG, Chemistries, BUN/CR, Glucose, Lipids, CXR)

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 your recommendation is that the driver can operate a CMV safely, please sign and date below.

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

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

If it is your recommendation that the driver **cannot** operate a CMV 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:**

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**Thank you for your assistance.**