CREEKSIDE MEDICAL CLINIC

2620 Jackson Blvd., Suite C
Rapid City, South Dakota 57702
Telephone (605) 341-1208 ♦ Fax (605) 341-3552
www.CreeksideMedicalClinic.org

Thank you for scheduling your DOT medical exam with us at Creekside Medical Clinic.

Included with this letter is the first page of the DOT Examination Form that you will need to complete and sign prior to your appointment. Please include all necessary medical history and current medications, along with the doses and frequency of each medication taken.

If you are treated for any chronic medical conditions (such as diabetes, hypertension, heart disease, COPD or sleep apnea), it will be helpful (and may be necessary) to have recent documentation from your treating physician verifying that your condition is stable and that you are able to fulfill your duties as a commercial driver without restriction. For certain conditions (such as diabetes, coumadin therapy, COPD or sleep apnea), documentation of adequate management is necessary. **If you have any questions about what documentation is required or how to obtain it, please contact us prior to your appointment.**

Please bring a valid government-issued form of ID, such as a driver's license or passport, to your appointment.

At your appointment, we will be testing your vision and hearing. If you wear glasses or use hearing aids, please bring them. We will also need to collect a urine sample for testing.

After successful completion of the exam, you will receive a Medical Examination Certificate that must be carried with you when you are driving. If you have a wallet-sized certificate that you would like completed, please bring it with you. Otherwise we will provide an 8 ½" X 11" certificate that you may copy/shrink down at your convenience.

Sincerely,

Steve Sachs PA-C

Steve Sachs PA-C
Certified DOT Medical Examiner

Medical Examination Report
FOR COMMERCIAL DRIVER FITNESS DETERMINATION

649-F (6045)

1. DRIVER'S INFORMATION

Driver completes this section

Driver's Name (Last, First, Middle)	Social Security No.	Birthdate M / D / Y	Age	Sex ☐ M ☐ F	New Certification ☐ Recertification ☐ Follow-up ☐	Date of Exam
Address	City, State, Zip Code	Work Tel: ( ) Home Tel: ( )	Driver License No.	License Class ☐ A ☐ B ☐ C ☐ D ☐ Other		State of Issue

2. HEALTH HISTORY

Driver completes this section, but medical examiner is encouraged to discuss with driver.

Yes	No	
☐	☐	Any illness or injury in the last 5 years?
☐	☐	Head/Brain injuries, disorders or illnesses
☐	☐	Seizures, epilepsy ☐ medication_____
☐	☐	Eye disorders or impaired vision (except corrective lenses)
☐	☐	Ear disorders, loss of hearing or balance
☐	☐	Heart disease or heart attack; other cardiovascular condition ☐ medication_____
☐	☐	Heart surgery (valve replacement/bypass, angioplasty, pacemaker) ☐
☐	☐	High blood pressure ☐ medication_____
☐	☐	Muscular disease
☐	☐	Shortness of breath

Yes	No	
☐	☐	Lung disease, emphysema, asthma, chronic bronchitis
☐	☐	Kidney disease, dialysis
☐	☐	Liver disease
☐	☐	Digestive problems
☐	☐	Diabetes or elevated blood sugar controlled by: ☐ diet ☐ pills ☐ insulin
☐	☐	Nervous or psychiatric disorders, e.g., severe depression ☐ medication_____
☐	☐	Loss of, or altered consciousness

Yes	No	
☐	☐	Fainting, dizziness
☐	☐	Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring
☐	☐	Stroke or paralysis
☐	☐	Missing or impaired hand, arm, foot, leg, finger, toe
☐	☐	Spinal injury or disease
☐	☐	Chronic low back pain
☐	☐	Regular, frequent alcohol use
☐	☐	Narcotic or habit forming drug use

For any YES answer, indicate onset date, diagnosis, treating physician's name and address, and any current limitation. List all medications (including over-the-counter medications) used regularly or recently.

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I certify that the above information is complete and true. I understand that inaccurate, false or missing information may invalidate the examination and my Medical Examiner's Certificate.

Driver's Signature_____ Date_____

Medical Examiner's Comments on Health History (The medical examiner must review and discuss with the driver any "yes" answers and potential hazards of medications, including over-the-counter medications, while driving. This discussion must be documented below.)

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