



### Obstructive Sleep Apnea Initial Evaluation

Department of Transportation (DOT) regulations state that a person is physically qualified to drive a commercial motor vehicle (CMV) if that person has no established medical history or clinical diagnosis of a respiratory dysfunction likely to interfere with their ability to control and drive a CMV. This includes obstructive sleep apnea (OSA).

The FMCSA requires drivers to indicate whether they have a history of “sleep disorders, pauses in breathing while asleep, daytime somnolence, loud snoring.” Sleep disorders, including obstructive sleep apnea (OSA), are associated with an increased risk of motor vehicle accidents.

Drivers with “suspected sleep apnea...or with proven but untreated sleep apnea, are not medically qualified for CMV operation until the diagnosis has been eliminated or adequately treated.” A one-month waiting period is necessary to assess initial compliance and response to therapy.

Polysomnography is recommended as the appropriate initial testing method. Drivers should not return to driving until multiple sleep latency testing (MSLT), maintenance-of-wakefulness testing (MWT) or repeat polysomnogram demonstrate successful treatment. Annual objective documentation of adequate control is also recommended, using MWT (preferable), MSLT or repeat polysomnography. Many sleep specialists are now using the maintenance of wakefulness test (MWT) to assess the adequacy of treatment.

This patient had a CMV driver medical certification examination and was found to have a history and / or symptoms suggestive of OSA. Before a CMV medical certificate can be issued it must be determined whether the driver has a significant degree of OSA and if so, effective treatment must be documented.

Please evaluate your patient to determine whether significant OSA is present. Please provide a statement indicating if the patient has significant OSA. Document compliance with recommended treatment and control of the condition sufficient that it is not likely to interfere with the safe operation of a commercial motor vehicle.

#### Patient consent for release of Medical Information

I, \_\_\_\_\_ hereby authorize the release of medical records and reports to Lancaster General Health Occupational Medicine.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth: \_\_\_\_\_

#### Statement of the Treating Physician

Based on the evaluation of this patient, I have reached the following conclusions:

- This driver \_\_\_\_\_ does \_\_\_\_\_ does not have significant obstructive sleep apnea.
- Studies used to establish/ rule out this diagnosis (attach report) \_\_\_\_\_
- The following treatment was prescribed: \_\_\_\_\_
- Treatment has been demonstrated to be effective using the \_\_\_\_\_ test.
- I \_\_\_\_\_ do, \_\_\_\_\_ do not find this driver safe to operate commercial motor vehicles.

Physician Name/Signature \_\_\_\_\_ Date \_\_\_\_\_

Occupational Medicine

2110 Harrisburg Pike, Ste. 21 | PO Box 3200 | Lancaster, PA 17604-3200 | Phone (717) 544-3155  
Secure Fax (717) 544-3167 | www.LancasterGeneralHealth.org/occmcd