

MRN: \_\_\_\_\_

Date form is due: \_\_\_\_\_



### DOT Medical Certification

Patient Name: \_\_\_\_\_

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

Date: \_\_\_\_\_

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Your DOT physical identified one or more of the following issues for which Department of Transportation regulations require detailed status report(s) from your treating physician(s).

\_\_\_\_\_ Current status of cardiovascular condition: \_\_\_\_\_

\_\_\_\_\_ Respiratory problem: \_\_\_\_\_

\_\_\_\_\_ Musculoskeletal or neurologic problem: \_\_\_\_\_

\_\_\_\_\_ Vision less than 20/40 in each eye separately \_\_\_\_\_

\_\_\_\_\_ Hearing loss >40dB in the better ear at 500, 1000, and 2000 Hz. \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_

#### What you should do:

Make an appointment with:

\_\_\_\_\_ Your family physician

\_\_\_\_\_ Audiologist to evaluate/correct hearing

\_\_\_\_\_ Eye doctor to correct vision, return to the clinic for a recheck afterwards. If corrective lenses are required to meet the standard, you must bring them with you for testing here.

\_\_\_\_\_ Other: \_\_\_\_\_

#### In the interim:

\_\_\_\_\_ We can certify you for three (3) months.

\_\_\_\_\_ We will not be able to certify you at all.

\_\_\_\_\_ We can certify you for twelve (12) months.

Occupational Medicine

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