# DOT Blood Sugar Clearance

**Patient Name:** _____ **Date:** _____

**RE: Supporting Medical Information Requested**

The above named individual was seen at our clinic on _____ for a Department of Transportation (DOT) Medical Certification Examination. He/She was noted to have _____ mg/dl of glucose in his/her urine, suggestive of diabetes.

In the interest of public safety, the certifying medical examiner is required to certify that the driver does not have any physical, mental or organic defect of such a nature as to affect the driver's ability to safely operate a commercial motor vehicle. *(additional criteria may be attached)

As the certifying examiner, we have the medical clearance for the individual currently in "determination pending" status, while awaiting documentation from the cognizant healthcare provider regarding this condition. To assist us in the DOT medical certification process, the following information is requested regarding this individual's medical status (use back or additional sheets if necessary):

**Diagnosis(es):** _____

Per DOT recommendations the following criteria must be met to be considered qualified to drive:

1. Annual examination by the treating physician
2. Asymptomatic
3. No recurrent hypoglycemic events with cognitive impact
4. Basic understanding of diabetes with routine, regular self-monitoring of blood glucose levels
5. Acceptable glycemic control – A1C < 9% – ***must provide a copy of last A1C lab result – must be within last 3 months***

**Based on my knowledge of this individual's medical condition, in my medical opinion, this individual meets the above *criteria:** ☐ **Yes** ☐ **No**

Physician Signature: _____ Date: _____

Physician Name - Print: _____ Phone Number: _____

Thank you for providing the above information. Please return this document to our secure fax line at 812-478-4178.

Contact us with any questions at 812-238-7788.

Sincerely,

I authorize _____ to release the above medical information to Union Hospital Center for Occupational Health.

Signature: _____

Name-Print: _____

Date: _____