

DOT Psychotropic Clearance

Patient Name:	Date:
RE: Supporting Medical Information R	equested
The above named individual was seen at our	clinic on for a
Department of Transportation (DOT) Medical is significant for:	Certification Examination. The medical history and/or examination
In the interest of public safety, the certifying m	nedical examiner is required to certify that the driver does not
have any physical, mental or organic defect of commercial motor vehicle. *(additional criteri	of such a nature as to affect the driver's ability to safely operate a ia may be attached)
As the certifying examiner, we have the medic	cal clearance for the individual currently in "determination
pending" status, while awaiting documentation assist us in the DOT medical certification prindividual's medical status (use back or addit	on from the cognizant healthcare provider regarding this condition. rocess, the following information is requested regarding this ional sheets if necessary):
Diagnosis(es):	
	ymptoms of relapse and seek prompt assessment al's medical condition, in my medical opinion, this
Physician Signature:	Date:
Physician Name - Print:	Phone Number:
Thank you for providing the above inform 812-478-4178. Contact us with any questions at 812-238 Sincerely,	nation. Please return this document to our secure fax line at -7788.
	I authorizeto release the above medical information to Union Hospital Center for Occupational Health.
	Signature:
	Name-Print:
	Date: