



Obstructive Sleep Apnea (OSA); Medical Qualification Physician Form

Driver : _____ **Date:** _____

RE: Supporting Medical Information Requested

With their focus on highway safety, the Federal Motor Carrier Safety Administration (FMCSA) has an increasing emphasis on sleep disorders in commercial drivers which are associated with highway crashes. Obstructive Sleep Apnea (OSA) is one sleep disorder which has been associated with a risk of crashes three (3) times the risk of an average driver without OSA. 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. Thank you for your prompt response.

The above named individual has high-risk factors for OSA which are noted on the table below.

High Risk Factors for OSA		Other Factors
<input type="checkbox"/> BMI ≥ 35 kg/m ²	<input type="checkbox"/> Small or recessed jaw	<input type="checkbox"/> BMI ≥ 28 kg/m ²
<input type="checkbox"/> Loud snoring	<input type="checkbox"/> Small airway (Mallampati Scale score of Class 3 or 4)	<input type="checkbox"/> Age ≥ 42 years old
<input type="checkbox"/> Witnessed apneas	<input type="checkbox"/> Hypertension (treated or untreated)	<input type="checkbox"/> Family history
<input type="checkbox"/> Sleepiness during the major wake period	<input type="checkbox"/> Type 2 diabetes (treated or untreated)	<input type="checkbox"/> Male or post-menopausal female
<input type="checkbox"/> Neck size ≥ 17 in. (male); ≥ 15.5 in. (female)	<input type="checkbox"/> Hypothyroidism (untreated)	<input type="checkbox"/> Experienced a single vehicle crash

To assist us as the certifying examiner, we are requesting the following documentation from the cognizant healthcare provider regarding these exam findings.

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

1. No high risk factors for OSA are identified on exam/personal history *OR*
2. Diagnosis of OSA with documentation of compliance

Based on my knowledge of this individual's physical condition, in my medical opinion, this individual has Obstructive Sleep Apnea: Yes No

If yes, the OSA is controlled and the driver is compliant with prescribed treatment: Yes No

Sleep Lab Specialist - Summary of Compliance Report:

Physician Name - Print: _____ Physician Signature: _____

Phone Number: _____ Date: _____

Thank you for providing the above information. Please return this document to our secure fax line at 812-478-4178 or email to occhealthservices@uhhg.org. 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: _____