



**DOT Physical: Hearing - Provider Letter/Status Report**

RE: \_\_\_\_\_ SS # \_\_\_\_\_

Dear Dr. \_\_\_\_\_,

Your patient is scheduled for a medical examination for certification as commercial driver and/or mobile equipment operator under Federal Motor Carrier Safety Administration (FMCSA) regulations. Due to a history of hearing impairment, The Occupational Health Center at Chester County Hospital Penn Medicine has requested that the following information be provided from the treating health care provider for documentation of treatment and effective control of this medical condition.

According to the regulations a CMV driver must have no impairment of hearing such that

*First perceives a forced whispered voice in the better ear at not less than 5 feet with or without the use of a hearing aid or, if tested by use of an audiometric device, does not have an average hearing loss in the better ear greater than 40 decibels at 500 Hz, 1,000 Hz, and 2,000 Hz with or without a hearing aid when the audiometric device is calibrated to American National Standard (formerly ASA Standard) Z24.5—1951*

We appreciate your assistance in providing the necessary information requested below in order for us to determine if this individual qualifies for medical certification. Thank you for your assistance.

\_\_\_\_\_  
Occupational Health Examiner Date

\*\*\*\*\*

**ATTN. PROVIDER:**  
***Please complete below and fax to The Occupational Health Center at 610-738-2471.***

Was hearing correction provided? Yes \_\_\_\_\_ No \_\_\_\_\_

Please **attach a copy of the audiogram report** indicating if it was performed **with** or without correction and **demonstrating hearing meeting the above requirements.**

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

Physician name \_\_\_\_\_ Phone \_\_\_\_\_