



DOT Physical: Hypertension – 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 history of Hypertension, 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.

The FMCSA also requires an evaluation for the presence or absence of target organ damage, including but not limited to CAD, CHF, PVD, cerebrovascular disease, retinopathy, and nephropathy. We appreciate your assistance in providing the necessary information below in order for us to determine if this individual qualifies for medical certification. Thank you for your assistance.

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

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Please complete below and fax to The Occupational Health Center @ 610-738-2471

This patient is currently under my care for Hypertension which is adequately controlled. \_\_\_Yes \_\_\_No

Current Treatment: \_\_\_\_\_

BP/Date: \_\_\_\_\_; BP/Date: \_\_\_\_\_

Does this patient have any of the following complications from his/her hypertension?

\_\_\_Heart Disease \_\_\_Kidney Disease \_\_\_Retinopathy

(Please provide copies of pertinent test reports, e.g. ECG, Chemistries, BUN/CR, Glucose, Lipids, CXR.)

In your medical opinion, is this person able to safely operate a commercial motor vehicle or mobile equipment considering the complex physical and mental requirements? \_\_\_Yes \_\_\_No

If no, please explain \_\_\_\_\_

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

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