



DOT Physical: Scheduled Drug Use – 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 use of a Scheduled Drug, 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.

Scheduled II Medications and ACOEM Guidelines on Opioid Use and Safety-Sensitive Work (JOEM 2014; 56).

*"A person is physically qualified to drive a commercial motor vehicle if that person —
Does not use a controlled substance identified in 21 CFR 1308.11 Schedule I, an amphetamine, a narcotic,
or any other habit-forming drug.*

Exception: A driver may use such a substance or drug, if the substance or drug is prescribed by a licensed medical practitioner who:

Is familiar with the driver’s medical history and assigned duties; and

Has advised the driver that the prescribed substance or drug will not adversely affect the driver’s ability to safely operate a commercial motor vehicle."

Current best practices and standard of care per ACOEM caution against the use of chronic opiates for safety sensitive work:

“Acute or chronic opioid use is not recommended for patients who perform safety-sensitive job., including operating motor vehicles or other modes of transportation that require tasks involving high levels of cognitive function and judgment”. Special caution should be paid to those taking additional medications such as benzodiazepines.

We would appreciate your assistance in providing the necessary information below in order for us to determine if this individual qualifies for medical certification. Please complete below and provide requested lab results. Thank you for your assistance.

Occupational Health Examiner Date

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

How long have you been treating this patient? _____

What is the current medical diagnosis? _____

Is your patient’s condition stable? _____ Yes _____ No

If no, please explain _____

Please list current medications and dose _____

Have you advised your patient that the prescribed substance or drug may adversely affect the driver’s ability to safely operate a CMV? _____ Yes _____ No

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 with the current prescribed schedule II medication use? _____ Yes _____ No

If yes, please comment: _____

Signature _____ Date: _____

Physician name _____ Tel. # _____