



DOT Physical: Seizure Disorder 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 Seizure Disorder, 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.

Epilepsy is a chronic functional disease characterized by seizures or episodes that occur without warning, resulting in loss of voluntary control which may lead to loss of consciousness and/or seizures. Therefore, the following drivers cannot be qualified:

- 1) A driver who has a medical history of epilepsy
2) A driver who has a current clinical diagnosis of epilepsy; or
3) A driver who is taking anti-seizure medication."

Following an initial unprovoked seizure, the commercial motor vehicle (CMV) driver should be

- 1) Seizure free and off anticonvulsant medication for at least 5 years to distinguish between a medical history of a single instance of seizure and epilepsy.
2) A second unprovoked seizure, regardless of the elapsed time between seizures, would constitute a medical history of epilepsy and the driver would no longer meet the physical requirements for 49 CFR 391.41(b)(8).

Your patient is requesting an Exemption for Epilepsy and Seizure Disorders and been advised on the application process.

We appreciate your assistance in providing the necessary information below in order to determine that this individual qualifies for medical certification. 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 patient's current diagnosis and date of onset? _____

Please list current medications and dose and length of treatment _____

When was this patient's last seizure? Date: _____

Is your patient's condition considered stable? Yes _____ No _____

If no, please explain: _____

In your medical opinion, is this person able to safely operate a commercial motor vehicle or mobile equipment given the complex physical and mental requirements and with the current Dx and prescribed Rx? Yes _____ No _____

If no, please comment _____

Signature _____ Date: _____

Physician name _____ Tel. # _____