

Dear DOT Driver:

Changes in government regulations have changed the DOT medical certification process in recent years. In order to prevent you from being temporarily disqualified or from receiving a limited DOT certification we have compiled a list of medical information that **you will need to provide at the time** of your certification or your recertification physical exam if you have any of the conditions listed below.

- **Diabetes:** Medication list, recent HgbA1c, last office visit note and/or a letter from your doctor summarizing your case and indicating functional activity restrictions and compliance with treatment. If you currently possess an insulin waiver, please bring a copy with you.
- **Obstructive Sleep Apnea/Other Sleep Disorders:** Medication list, last office visit note and/or a letter from your doctor summarizing your case and indicating functional activity restrictions and compliance with treatment. Please bring a current CPAP usage report for at least the last 3 months, preferably the last 12 months. "Adequate usage" is generally defined by the driver using CPAP greater than or equal to four hours per day, 70% of the days.

**NOTE:** There have recently been a number of drivers fearful they may not receive a medical card if they indicate they have Obstructive Sleep Apnea even if it is treated adequately. That is misinformation. Drivers get a one year card if they meet the above adequate use parameters.

\* If you are a Mayo Clinic Health System patient and have received your equipment through the Mayo Clinic Store, you may bring your chip with you to the exam so that we can help download your CPAP usage report.

- **Cardiac history of heart failure, coronary artery bypass/stents, and/or heart attack:** Medication list, last cardiology office visit note done within the last 12 months and/or a letter from the cardiologist summarizing your case and indicating functional activity restrictions and compliance with treatment. Please bring a copy of your last echocardiogram report and/or stress test report.

- **Cardiac Arrhythmia (abnormal heart rhythm like atrial fibrillation, etc.):** Medication list, last cardiology office visit note done within the last 12 months, results from any diagnostic testing performed within the last 12 months and/or a letter from the cardiologist summarizing your case and indicating functional activity restrictions and compliance with treatment. If you are currently using blood thinners such as Coumadin/Warfarin that require laboratory monitoring, please supply lab reports of your most recent INR's for the last few months. If you have a pacemaker or a defibrillator, please bring copies of device checks, including battery life.
- **Cardiac Valve Conditions or Valve Replacements:** Medication list, last cardiology office visit note done within the last 12 months, results from any diagnostic testing performed within the last 12 months, and/or a letter from the cardiologist summarizing your case and indicating functional activity restrictions and compliance with treatment. If you are currently using blood thinners such as Coumadin/Warfarin that require laboratory monitoring, please supply lab reports of your most recent INR's for the last few months.
- **Seizures/Epilepsy or Other Chronic Neurologic Conditions (such as Parkinson's Disease, Multiple Sclerosis, etc.):** Medication list, last neurology office visit note done within the last 12 months, results from any diagnostic testing performed within the last 12 months, and/or a letter from the neurologist summarizing your case and indicating functional activity restrictions and compliance with treatment. If you are currently using anti-seizure medications and possess a seizure waiver, please bring a copy with you.
- **Chronic Pain Conditions:** Medication list including dose and frequency of use. Office visit notes or a letter from the treating provider summarizing the condition being treated to include complete history, current functional status, treatment plan, any recommended activity restrictions, medication side effects, and prognosis. Please include reports from any clinically pertinent diagnostic studies.
- **Potentially Impairing Medications (Examples include, but are not limited to, medications such as narcotics, benzodiazepines, muscle relaxers, sedative-hypnotics: Xanax, Norco, Flexeril, Robaxin, Ambien, Provigil/Nuvigil, etc.):** Medication list including dose and frequency of use. Office visit notes or a letter from the treating provider summarizing the condition being treated to include complete history, current functional status, treatment plan, any recommended activity restrictions, medication side effects, and prognosis. Please include reports from any clinically pertinent diagnostic studies.

- **Eye Conditions, other than those corrected by glasses or contact lenses:** Medication list, last ophthalmology office visit note done within the last 12 months, results from any diagnostic testing performed within the last 12 months, and/or a letter from the ophthalmologist summarizing your case and indicating compliance with treatment and any recommended activity restrictions. If you currently possess a vision waver, please bring a copy with you.
- **Glasses/Contact Lenses/Hearing Aids:** Please ensure that you have completed your usual annual exams with your personal treating providers PRIOR to your DOT exam so that your devices are up to date to meet standards. Please bring your glasses and/or hearing aids with you to your DOT exam.
- **Hypertension/High Blood Pressure:** If you have a history of high blood pressure, please ensure that you are taking your medication PRIOR to the DOT exam. Consider having your regular check-up with your own doctor before scheduling your DOT exam to ensure your blood pressure is well controlled for the DOT exam. If your blood pressure is well-controlled, no further information should be necessary. Please bring a list of your medications with you to the exam.
- **Other:** If you have any significant medical history, recent hospitalizations, surgeries, and/or any medical procedures you will need to provide documentation of these events, the outcome and clearance from your treating provider stating that the condition is resolved or stable, and your provider's recommendation on any functional activity restrictions. Please ensure the documentation includes a medication list, last office visit note and/or a letter from your doctor summarizing your case.

Reminder – anyone who holds a commercial driver's license (CDL) must provide their state's driver license agency with a copy of their medical examiner's certificate. This is the CDL holder's responsibility.

**Appt Date/Time** \_\_\_\_\_

**Location:**

- Mayo Clinic Health System-Franciscan Healthcare-La Crosse, WI  
630 S. 10<sup>th</sup> Street  
La Crosse, WI 54601  
Scheduling phone #: 608-392-9769
- Mayo Clinic Health System-Sparta, WI  
310 W. Main Street  
Sparta, WI 54656  
Scheduling Phone: 608-269-1770
- Mayo Clinic Health System-Lake Tomah Clinic  
325 Butts Ave.  
Tomah, WI 54660  
Scheduling Phone: 608-372-5951
- Mayo Clinic Health System-Prairie du Chien, WI  
800 E. Blackhawk Ave.  
Prairie du Chien, WI 53821  
Scheduling Phone: 608-326-0808
- Mayo Clinic Health System-Arcadia, WI  
895 South Dettloff Drive  
Arcadia, WI 54612  
Scheduling Phone: 608-323-3373
- Mayo Clinic Health System-Holmen, WI  
1303 Main St.  
Holmen, WI 54636  
Scheduling Phone: 608-526-3351
- Mayo Clinic Health System-Onalaska, WI  
191 Theater Road  
Onalaska, WI 54650  
Scheduling Phone: 608-392-5205 or 608-392-5206
- Mayo Clinic Health System-Waukon, IA  
105 E. Main St.  
Waukon, IA 52172  
Scheduling Phone: 563-568-3449