MedStat
Lutheran Health Network

DOT Sleep Apnea Guidelines

Patient Name: _____ Date of Birth: _____

Provider: _____ Date of Physical: _____

The above named patient has reported a history of or is at risk for:

☐ Sleep Apnea ☐ Obstructive Sleep Apnea (OSA) ☐ Uses CPAP

To comply with DOT guidelines, the driver should be disqualified until the diagnosis of OSA has been ruled out or is being treated successfully. Please complete the following information.

Please indicate:

☐ **Yes** ☐ **No** Diagnosed with Narcolepsy

☐ **Yes** ☐ **No** Using CPAP **If yes**, are they using CPAP as prescribed ☐ **Yes** ☐ **No**

☐ **Yes** ☐ **No** Diagnosis of OSA **If yes**, need copy of treatment plan and test results.

☐ **Yes** ☐ **No** Surgical correction **If yes**, need post op clearance.

If the patient is started on CPAP, must use for at least 1 month before able to be cleared for DOT medical

If the patient had surgical correction, must be 1 month post op before able to be cleared for DOT medical.

Healthcare provider opinion: *In the interest of public safety the certifying medical examiner is required to certify that the driver does not have any physical, mental, or organic defect of such a nature as to affect the driver's ability to safely operate a commercial motor vehicle.* Based on your knowledge of this individual's medical condition, in your opinion, do you feel this individual can safely operate a commercial motor vehicle?

Please circle one: Yes No

Physician's signature: _____ Date: _____
Printed name: _____
Phone number: _____

Thank you for providing the above information. Please attach a copy of the requested results and fax this form and results to MedStat.

I authorize your office to release the above medical information to MedStat.

Patient Signature: _____ Printed name: _____

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