

DOT QUESTIONNAIRE

PLEASE READ AND COMPLETE ENTIRE FORM. IF 1-13 APPLY TO YOU, MAKE SURE YOU HAVE THE PROPER DOCUMENTATION READY FOR YOUR APPOINTMENT OR YOU MAY NOT BE ABLE TO DRIVE.

1. If you have a history of coronary artery bypass surgery five or more years ago, we will need copies of your normal treadmill results done within the past 12 months.
2. If you have had coronary artery stents placed we will need a copy of your normal treadmill done within 3-6 months after the stent or stents were placed.
3. If you have had a heart attack, we will need a copy of your normal treadmill that has been done within the last 24 months, a copy of an ECHO since the attack, and official documents showing you are under the care of a cardiologist.
4. If you have a history of sleep apnea, we will need your physician's records, done within the past 12 months, showing compliance with the use of your CPAP machine and a normal maintenance of wakefulness or normal multiple sleep latency test also done with the past 12 months.
5. If you smoke and are 36 years old or older, or have any of the following: COPD, chronic bronchitis, asthma or emphysema, we will need a copy of your pulmonary function tests (PFTs) done within the past 24 months. Healthy smokers over age 35 still need this test and should bring their results (if these have not been done, have your family doctor order them early enough to have results at the physical).
6. If you take Coumadin/warfarin, bring your physician's records showing that you have stable and therapeutic PT/INRs and documentation of your monthly blood tests from the past year. If you take other medications that require levels, (like digoxin, theophylline, lithium) please bring recent official documentation of those levels.
7. If you have diabetes mellitus and you're using insulin, bring your Federal waiver, records of your sugars 1 hour before driving, and every 4 hours while driving, yearly logs of all glucose readings, recent reports from your endocrinologist and ophthalmologist, & proof you have emergency glucose tablets.
8. If you have had an amputation or partial amputation of any limb we will need to see a copy of your skill performance evaluation certificate.
9. If you have any history of serious eye problems like retinopathy, cataracts, macular degeneration or aphakia (the removal of the lens of the eye), we will need a waiver from your ophthalmologist.
10. If you have a history of congestive heart failure, we will need a copy of your echocardiogram and Holter monitor both done within the past 12 months, and recent notes from your cardiologist stating you are asymptomatic with no ventricular arrhythmias/irregular heartbeats that are dangerous.
11. If you have any heart valve problems we will need a copy of your echocardiogram done within the past 24 months. If you have an aneurysm, bring your physician's records documenting its' size and recommended treatment plans done within the past 12 months.
12. Please bring your glasses, contacts, hearing aids, your current driver's license, your old DOT/CDL card, and a list of all your medications.
13. If you have a pacemaker, bring proof of functioning from your cardiologist done with the past year.

Initials _____

PLEASE CIRCLE ANY OF THESE SYMPTOMS THAT APPLY TO YOU

Constitutional:

- *Fever/Chills
- Feeling Poorly
- *Feeling tired
- Recent weight gain/loss
- Night Sweats

Eyes:

- Eye Pain
- Red eyes/Discharge
- *Vision Changes
- Dry Eyes
- Itchy eyes

ENT:

- *Earache
- *Sore throat
- Nasal Congestion/discharge
- Nosebleeds
- Hoarseness
- Hearing loss

Cardiovascular:

- *Chest Pain
- *Irregular heart beats
- *Lower extremity edema
- Leg cramps/Pain with exercise
- Slow heart rate
- Fast heart rate

Respiratory:

- *Shortness of breath
- Shortness of breath during exertion
- *Cough
- Wheezing
- Shortness of breath with lying down/at night

Gastrointestinal:

- *Nausea and/or vomiting
- *Abdominal pain
- *Diarrhea
- Heartburn
- Constipation
- Trouble swallowing
- Dark or bloody stool

Genitourinary:

- *Pain with urination
- *Frequency/urgency of urination
- Night time urination
- Hesitancy
- Incontinence (loss of urine)
- Blood in Urine
- Genital lesion
- Difficulty with menstrual periods (females)
- Erectile Dysfunction (males)

Musculoskeletal:

- *Joint pain
- *Muscle pain
- Joint pain
- Joint swelling
- Joint stiffness
- Limb pain/swelling
- Muscle cramps/weakness

Integumentary:

- *Skin rash
- *Itching
- Skin lesions
- Change in a mole
- Breast pain/lump
- Wound/unusual growth of the skin

Neurological:

- *Headache
- *Dizziness
- Mental changes
- Fainting
- *Limb weakness
- Numbness
- Tremor
- Radiating pain

Psychiatric:

- *Anxiety
- *Depression
- Suicidal or homicidal thoughts
- Personality changes/irritability
- Sleep disturbances

Endocrine:

- Excessive thirst/urination
- Drooping of eyelid
- Hot or cold intolerance
- Hair loss
- Generalized weakness

Blood/Lymph:

- Easy bruising/bleeding
- Swollen glands

Printed Name

Signature

Date