

COMMERCIAL DRIVER'S MEDICAL EVALUATION

(DONE ON DAY OF FULL MED EXAM*)

Name: _____

Last 4 SSN #: _____ DOB: _____ Date: _____

Contractor: _____

COMMENTS: Bottom box of Consent for FFL, Auditing, & Record Release must be signed before exam is begun. Once this consent is signed, decision to have a DMV exam today is irrevocable. If the employee fails to complete the DMV exam, this Protocol Sheet and all medical records from today's visit including the FFL examination must be sent to OHP with triage to "OHP Review" (without issuance of a 3 month certificate).

Is employee a current or prospective private patient of yours? No Yes ► Triage to OHP Review (2 Yr Cert OK)

PACKAGE: COMMERCIAL DRIVER'S LICENSE MEDICAL

WD

_____ Get signature in bottom box of Consent for FFL, Auditing, & Record Release

_____ Urine specific gravity

_____ Distance Acuity (Titmus): uncorrected OU, OS, OD (if not done already)

_____ Color vision with Titmus signal lights slide (Record results on Titmus Results Form)

_____ Physical: "Complete" exam per Periodic CPG (components not done already)

_____ History: Review of DMV form DL51 and Commercial Drivers Supplemental Questionnaire.

If Hx is negative, ask about any health care visits or medication use in last 6 months.

If BMI ≥ 40, ask about any symptoms related to sleep apnea, get A1c, and triage to OHP Review (regardless as to whether symptoms are present).

REFLEXIVE TESTING:

Clinical Findings:

Testing Required:

| | | |
|------------------------------------|---|-----|
| Far Acuity: either eye >20/40 best | ► _____ ETDRS wall chart (complete worksheet) | A68 |
|------------------------------------|---|-----|

Internal Medicine Concerns:

Testing Required:

| | | |
|---|------------------------|-----|
| Diabetes | ► _____ Hemoglobin A1c | A29 |
| Obesity, severe with BMI ≥ 40 | ► _____ Hemoglobin A1c | A29 |
| Thyroid, Rx or disease in last 2 yrs, or goiter on exam | ► _____ TSH | A62 |

RX use in last 6 months, but not in last month:

Testing Required:

| | | |
|---|---------------------------------|-----|
| Amitriptyline (Elavil, Endep, Vanatrip) | ► _____ Amitriptyline (urine) | A74 |
| Benzodiazepine | ► _____ Benzodiazepine (urine) | A19 |
| Butalbital (Fioricet) | ► _____ Butalbital (urine) | A91 |
| Carisoprodol (Soma), | ► _____ Carisoprodol (urine) | A92 |
| Cyclobenzaprine (Flexeril), | ► _____ Cyclobenzaprine (urine) | A93 |
| Hydrocodone (Vicodin) | ► _____ Hydrocodone (urine) | A87 |
| Methadone | ► _____ Methadone (urine) | A99 |
| Oxycodone (Percocet) | ► _____ Oxycodone (urine) | A89 |
| Tramadol (Ultram) | ► _____ Tramadol (urine) | A90 |

*If only a Physical Fitness Assessment is scheduled today, then do not use this protocol sheet. Instead, download the Commercial Drivers Protocol Sheet from the Periodic & Mobile Examinations webpage

Record Handling: Send entire FFL chart to OHP except for Family Medical History Questionnaire.