

COMMERCIAL DRIVER'S LICENSE - DIABETES

CDL Driver's Name: _____ CDL License: _____

1. List current medications taken for this condition: _____

2. Date of last visit: _____ Must see Primary Care Physician (PCP) every six (6) months.
3. Date of last ECG: _____ Send copy with patient, must be within two (2) years.
4. Date of last HbA1c: _____ Result: _____ Must be <9

COMMERCIAL DRIVER'S LICENSE - CARDIAC DISEASE

Myocardial Infarction

1. Date of MI: _____ No driving allowed for two (2) months following
2. Date of Stress test: _____ Send copy with patient. Must have stress test every two (2) years.

Angina

1. Date of Stress test: _____ Send copy with patient. Must have stress test every two (2) years.

Cardiac Stent

1. Date of Stress test: _____ Send copy with patient. Must have within three to six months. (3-6 months)
Must follow with stress test every two (2) year.

By-Pass Surgery

1. Date of Surgery: _____ No driving allowed for three (3) months. Must have stress test.
2. Date of Stress test: _____ Send copy with patient. Must have stress test annually five (5) years.

COMMERCIAL DRIVER'S LICENSE - ANTICOAGULATION

1. Date of last INR: _____ Result: _____ Must be between 2-3

COMMERCIAL DRIVER'S LICENSE - HYPERTENSION

Controlled? Yes No Medication name: _____

1. Date of ECG: _____ Send copy with patient. Must have ECG every two (2) years.

Doctor's Signature: _____ Printed name: _____

Date: _____ License Number: _____