



DOT PHYSICAL QUESTIONNAIRE

PLEASE READ THE FOLLOWING INFORMATION TO DETERMINE IF YOU WANT TO PROCEED WITH YOUR DOT PHYSICAL

If you answer **YES** to any of the questions below, it is your responsibility to obtain proper documentation. Without documentation, you **will NOT** be issued a card and will have to return for a 2nd appointment, which will be an additional charge.

- Yes No Are you taking any prescription medications?** *You will need to provide a written list of all your medications.*
- Yes No Are you Diabetic?** *We need a current HgA_{1c} result within the past 6 months. Must be 10.0 or less. Use Insulin? Bring a completed MCSA-5870 form **and** last three months of blood sugar results.*
- Yes No Do you use corrective lenses or hearing aids?** *You will need to have those with you at the time of your physical. If you wear them to drive and you don't have them, you may not pass vision or hearing tests.*
- Yes No Do you have any heart problems? (bypass, stent, history of chest pain or heart attack, pacemaker, atrial fibrillation or other heart rhythm problems).** *You will need to have seen your cardiologist in the last year and must bring a letter from the cardiologist as well as copies of any tests done there.*
- Yes No Have you had a stroke, history of seizures, loss of consciousness or other neurological/psychiatric issues?** *We will need documentation from your neurologist/mental health professional.*
- Yes No Do you have Sleep Apnea, use a CPAP/BiPAP machine?** *We will need current compliance records. A printout of the compliance report from your machine of 70% compliance for more than 4 hours per night is needed. If you are not sure where to find this information, contact your Primary Physician or the vendor where you purchased your machine.*

Replacement Cards – if you need a replacement card for any reason, there will be a fee assessed.

Additional Charges - If you choose to proceed with your physical and we are unable to issue a card, you/company will still be charged for today's visit (no refund).

Additional Documentation - If the card issued says "determination pending", this will result in a follow up visit with additional charges. Any other type of return visits will require a new physical.

If you wish to proceed with your DOT physical please sign and date below.

(Name)

(Date)

INFORMATION CAN BE FAXED PRIOR TO YOUR APPT CLINIC:

- Company Care** Phone: 402-475-6656 Fax: 402 742-8419
- Immanuel** Phone: 402-572-3232 Fax: 402 572-3218
- Mercy** Phone: 712-328-5550 Fax: 712 325-2483
- P Street** Phone: 402-829-5660 Fax: 402-829-5665