



*****MUST RECEIVE BEFORE YOUR APPT*****

Please call before your appt to make sure we got it.

Please have your sleep specialist complete below and fax to us or have them download your sleep compliance report and fax to us.

DOT Physical: Obstructive Sleep Apnea – Physician Letter/Status Report

1. Diagnosis _____

2. Treatment _____

3. Compliant with Treatment _____Y_____N

Minimal acceptable PAP compliance : 4 hrs/ of use 70% of nights

4. Results of testing performed: circle all that apply, if any – Polysomnography, Multiple Sleep Latency Testing, Maintenance of Wakefulness Testing. Please attach copies.

NOTE: For all OSA diagnoses a history of treatment success documented by objective testing demonstrating AHI <5, or < 10 while wearing oral appliance must exist. For new diagnoses an overnight sleep study must be done. After 2-4 weeks and f/u with sleep specialist to document treatment success, a 3 month DOT clearance can be given. Treatment success is ideally AHI < 5, AHI < 10 required.

5. In your medical opinion, is this person able to safely operate a commercial motor vehicle or mobile equipment considering the complex physical and mental requirements. ____Y ____N

If no, please comment _____

Signature _____

Date: _____

Physician name _____

Tel. # _____