

Date: _____

In regards to Patient (name): _____ Date of Birth: _____

Dear Dr. _____

Your patient is in the process of completing a Department of Transportation (DOT) examination for a Commercial Drivers License (CDL). The rules governing the CDL have changed per the DOT. To assist us in certifying your patient with ADHD or ADD, we would appreciate the following information from you.

Diagnosis: _____

Yes No

Is there any drug-induced impairment? If yes, include impairment in letter.

Medications: _____

Medication dosage has been stable. If no, explain in letter.

Are there any disqualifying underlying conditions including narcolepsy?

Are there any treatment side effects that interfere with safe driving? If yes, explain in letter.

This patient has adequate vigilance and attention for CDL. If no, explain in letter.

This patient is able to perform complex intellectual tasks and functions associated with operating large commercial vehicles. If no, explain which tasks and function they are not able to perform

Are there any accommodations required by patient to perform job tasks? If yes, please explain in letter.

In your opinion, is this patient competent to operate large commercial vehicles?

In your opinion, do they have any risk of sudden or incapacitating worsening of their condition?

If there is additional information which you wish to share, please add it to this form or send a letter. If you have questions or concerns, feel free to call us.

Thank you for your assistance.

Provider signature:

F- 228 (12/17)
Revised (8/19, 5/20, 8/20, 7/22)

www.hammondhenry.com

- Annawan: 203 W. Front Street | Annawan, IL 61234 | Tel: 309.935.4100 | Fax: 309.946.9220
- Colona: 1604 Cleveland Road | Colona, IL 61241 | Tel: 309.949.2999 | Fax: 309.946.9230
- Geneseo: 600 N. College Ave. | Geneseo, IL 61254 | Tel: 309.944.1275 | Fax: 309.946.9275
- Cambridge: 106 N. East Street | Cambridge, IL 61238 | Tel: 309.937.3560 | Fax: 309.946.9265
- Kewanee: 1258 W. South Street | Kewanee, IL 61443 | Tel: 309.853.3677 | Fax: 309.946.9292
- Orion: 1001 Division Street | Orion, IL 61273 | Tel: 309.526.3957 | Fax: 309.526.8257
- Port Byron: 105 N. Main Street | Port Bryon, IL 61275 | Tel: 309.523.2015 | Fax: 309.523.9025

