

Date: _____

In regard 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 Driver's License (CDL). The rules governing the CDL have changed per the DOT. To assist us in certifying your patient with Diabetes, we need the following form you. Please provide the following information and return this letter to the patient to bring with him/her at the time of their examination.

Diagnosis: Diabetes Type I Diabetes Type II

Diet controlled Yes No

Oral meds (please list) _____

Insulin (type) _____ (dosage) _____

Complications (please list) _____

Have there been any changes in medications or treatment plan over the last year? Yes No

If yes, what? _____

Patients' Blood sugars FBS log for 1 month reviewed (goal average 90-120) Please attach or have patient bring to physical

Results of most recent HgA1c _____ and date obtained _____ (goal 8 or less).

Any hypoglycemic episodes in last year requiring medical intervention? Yes No

If yes, please describe in separate letter, noting severity, what treatment was required, and where treated. If this has happened more than once, please indicate.

I am the managing provider for this patient's diabetes, and there are no complications which I feel would impair his/her ability to drive large commercial vehicles at this time. Yes No

Thank you for your assistance.
Diabetic patients will require recertification at least yearly.

Provider signature:

F-226 (12/17)
Revised (8/19, 5/20, 8/20, 7/22)

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- 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
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