

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). Because of underlying health conditions, new regulations make it imperative that the patient receives a neurology consult. The consult must contain certain test and opinions. Please complete this form and return it with addition requested information to our office at your earliest convenience.

Diagnosis: _____

Medications: _____

If history of seizures, please document the following in a letter on your letterhead:

- Seizure free period
- Length of time off anticonvulsants
- Normal physical examination
- Neurological examination
- Neuro-Ophthalmological evaluation if done
- Neuropsychological testing if done with test results attached.
- Clearance from a neurologist who understands the functions and demands of commercial driving.

If history of Stroke or TIA, please document the following in a letter on your letterhead noting that you are a neurologist who understands the functions and demands of commercial driving and that the patient is low risk for sudden incapacitation.

- Findings of neurological examination including your assessment of:
- Cognitive abilities
- Judgment
- Attention
- Concentration
- Vision
- Physical strength and agility
- Reaction time
- Type of stroke _____
- Time from the stroke _____
- Date of last visit _____

F- 225 (12/17)
Revised (8/19, 8/20, 7/22)



Minimum waiting periods

For Embolic and Thrombotic Strokes, the minimum waiting periods are

- 1 year if not at risk for seizures (cerebellum or brainstem vascular lesions)
- 5 years if at risk for seizures (cortical or subcortical deficits)

For strokes without risk for seizures

- Intracerebral or subarachnoid hemorrhage without risk for seizures, the minimum waiting period is one year.

For stroke with risk for seizures.

- If Intracerebral or subarachnoid hemorrhage with risk for seizures, the minimum waiting period is 5 years seizure free and off seizure medication.

TRAUMATIC BRAIN INJURY (Severe TBI with not get CDL)

The driver with a mild or moderate TBI must meet the following criteria, please check all that apply:

- Completed the minimum waiting period seizure free and off anticonvulsant medication.
- Seizure free
- Normal physical examination, neurological examination including neurophthalmological evaluation
- Normal Neuropsychological testing. Please attach test results.

Please supply a letter on your letter head giving medical clearance noting that you are a neurologist who understands the functions and demands of commercial driving and that the patient is low risk for sudden incapacitation.

The minimum waiting periods for certification for CDL licensure following a traumatic brain injury area as follows:

- Mild injury without early seizures, 1 year seizure free and off anticonvulsant medication
 - Moderate insult without early seizures OR mild insult with early seizures, minimum 2 years seizure free and off anticonvulsant medication.
 - Moderate insult with early seizures, minimum 5 years seizure free and off anticonvulsant medication
- I am the managing provider for this patient's neurologic condition, and there are no problems associated with this condition which I feel would impair his/her ability to drive large commercial vehicles at this time.
- Yes No

Thank you so much for your assistance with your patient obtaining a CDL license. Please call us if you have questions about the certification process.

Sincerely,
Hammond-Henry Clinic Providers

Provider Signature

-
- 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 Byron, IL 61275 | Tel: 309.523.2015 | Fax: 309.523.9025

