

DOT ADD/ADHD Letter

Stonecreek Family Physicians  
4101 Anderson Ave.  
Manhattan, KS 66503  
Phone: 785-587-4101  
Fax: 785-587-9090

Patient Name: \_\_\_\_\_

I am applying for a Commercial Drivers License or CDL. Rules governing the CDL have changed per the Department of Transportation or DOT. To assist us in certifying your patient with **ADHD or ADD**, we need the following from you. Please complete the following form and supply the necessary additional information.

- Source of diagnosis, attach copy of testing \_\_\_\_\_
- No drug-induced impairment. yes no If no, include impairment in letter.
- Treatment plan \_\_\_\_\_
- Medication dosage has been stable yes no If no, explain in letter
- There is no disqualifying underlying condition including narcolepsy yes no
- There are no treatment side effects that interfere with safe driving yes no If no, explain in letter.
- This patient has adequate vigilance and attention for CDL yes no If no, explain in letter.
- This patient is able to perform of simple tasks yes no If no, explain in letter
- This patient is able to perform complex intellectual tasks & functions associated with CDL yes no If no, explain which tasks and functions they are not able to perform
- Are there any accommodations required by pt. to perform job tasks? yes no If yes, please explain in letter.
- In your opinion, is this patient competent to operate heavy machinery? yes no
- In your opinion, do they have no risk of sudden or incapacitating worsening of their condition? yes no

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. If your patient is on a controlled substance, we will counsel them that they must have a back up plan in case their medication is lost or stolen.

Thank you for your assistance.

Sincerely

Stonecreek Family Physicians