Med Fast Urgent & Primary Care

605 W Cumberland Street
Dunn, NC 28334
Phone (910) 891-1391
Fax (910) 891-1687

602 S. Wall Street
Benson, NC 27504
Phone (919) 894-3321
Fax (919) 894-8742

DOT PHYSICAL EXAM REQUIREMENTS:

Starting May 21st, 2014, DOT rules and regulations for DOT Physical Exams have changed. Please be aware that due to these new guidelines, MedFast PC has created this form to help each driver learn/understand what is required by the Department of Transportation.

MedFast PC is following the Department of Transportation guidelines in the Medical Examiner's handbook to determine if you meet guidelines for CDL medical clearance and the length of time you may be certified. Our Providers are nationally certified by the FMCSA and are NRCME Providers. If pertinent information is not available, MedFast PC will not be able to certify your exam. Please note the guidelines below:

- ☐ **Vision**: Corrected vision of at least 20/40 in each eye is needed for certification.
- ☐ **Hearing aids:** you must have them with you and in working order.
- ☐ **High Blood Pressure:** you must have a blood pressure of less than 140/90 at the time of your visit.
- ☐ **Cardiology:** history of or active cardiovascular disease may require you to provide additional information and/or documents from a specializing physician.
- ☐ **Diabetes:** may require you to provide additional information and/or documentation from a specializing physician.
- ☐ **Physical Disability:** including birth defects, missing limb, etc may require you to complete a Skilled Performance Exam. Forms, providers, and locations are provided by The Department of Transportation.

MedFast PC is being held to the highest standard of care by the FMCSA; however it is our goal to help each individual continue in their current line of work as a DOT driver.

For additional guideline changes and/or questions, please feel free to review the FMCSA website:
www.fmsca.dot.gov

I _____ consent:
(Printed Name)

_____ Date: _____
(Signature)

- I have read this document in its entirety.
- If my DOT Physical is denied for any reason, I am not entitled to a refund of the monies paid prior to services.
- I have had the opportunity to ask questions and receive answers from MedFast PC staff regarding this document.

MedFast Representative: _____
(Initial)