

Department of Transportation Medication Questionnaire

Patient's Name: _____ DOB: _____

Dear Doctor:

The above patient/driver is being evaluated to determine whether he/she meets the medical standards of the Federal Motor Carrier Safety Administration (FMCSA) to operate a commercial motor vehicle. The FMCSA explains that a commercial driver "must have the perpetual skills to monitor a sometimes complex driving situation," and "the judgment skills to make quick decisions." There is increasing recognition that both prescription and non-prescription medications can impair the performance of tasks requiring concentration, such as driving.

Please provide the following information:

1. How long have you been treating this patient? _____
2. Please list medications, dosage, and duration of treatment at the current dose.

3. Have there been any side effects such as sedation or decreased concentration? ☐ Yes ☐ NO
If yes, please explain: _____

4. Is the patient using any of these medications to treat a condition that is likely to interfere with the safe operation of a commercial motor vehicle? ☐ YES ☐ NO
If yes, please explain the condition and discuss whether alternative medications have been considered: _____

5. What condition is being treated with this medication? _____

Are these conditions likely to interfere with the safe operation of a commercial motor vehicle?
☐ YES ☐ NO
6. Considering the complex mental requirements of operating a commercial motor vehicle (CMV), and after reviewing the included federal regulations and conference report recommendation, do you believe your patient can safely operate a CMV while taking this medication? ☐ YES ☐ NO

Physician Name: _____ Office Number: _____

Signature: _____ Date: _____