

DOT Medical Clearance: COPD
DOT Physical Exam Medical Clearance

Patient _____

Date _____

DOB _____

The above driver came to our clinic for a DOT medical certificate to drive a commercial motor vehicle. The following FMCSA medical guidelines for drivers with a history of COPD, or other specific lung disease, symptoms of shortness of breath, cough, chest tightness, or wheezing, or cigarette smoking in driver 35 years of age or older:

1. Spirometry is required.
2. FEV1 equal to or greater than 65%, FEV1/FVC ratio equal to or greater than 65%, and FVC equal to or greater than 60% is required. If this standard is not met, drivers must have additional testing as detailed below.
3. Drivers not meeting the requirement in #2 must have pulse oximetry or ABG as detailed below:
 - a. Drivers with pulse oximetry at or above 92% are acceptable to drive, however if the result is less than 92% the driver must have an ABG analysis.
4. If ABG is required because of oximetry, or chosen over oximetry, drivers must meet the following ABG measurements to be certified to drive.
 - a. PaO2 equal to or greater than 65 mm Hg at altitudes below 5,000 feet
 - b. PaO2 equal to or greater than 60 mm Hg at altitudes above 5,000 feet.
 - c. Partial pressure of PaCO2 less than or to 45mm Hg at any altitude.
5. No Hypoxemia at rest
6. Absence of Chronic respiratory failure
7. Absence of continuing cough or cough syncope.

If the driver meets the above requirements, and your recommendation is that the driver can operate a CMV safely, please sign and date below and return this letter to our office by fax.

Signature

Date

If the driver does not meet the above requirements and it is your opinion that the driver should be allowed to drive a commercial vehicle, DOT medical examiners may use discretion if there is sufficient medical reasoning for why the guidelines should not be followed. Should this be the case, please identify in the area below which guideline is not met, and the medical reason the driver is safe to drive. Then sign in the area provided and return a copy to our office.

Signature

Date

If it is your recommendation that the driver cannot operate a CMV safely, please sign and date below.

Signature

Date

You may return this letter to our office by fax to: 802-372-5881

Vermont DOT Physicals
Dr. Windy D. Heyn, D.C.
8 Ferry Road
South Hero, VT 05486

Thank you for your assistance.