

DOT ADD/ADHD Letter

K+Stat Urgent Care
930 Hayes Drive Suite B
Manhattan KS 66502
tel. 785.565.0016
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re: Patient Name: _____
Patient D.O.B: _____

Dear Dr. _____

Your patient _____ is 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

K+STAT Urgent Care