

**New England DOT Physicals, Inc.**  
274 Main St., Suite 308, Reading, MA 01867  
Phone: 781-944-5400 / Fax: 781-944-5405  
Email: reception@nedotphysicals.com

### **DOT Physical Check List**

Please be prepared with the following for your appointment:

- Driver's license
- Drink water for the urine specimen test (checks for sugar, blood, and protein)
- Online medical questionnaire completed and submitted BEFORE your appointment date/time
- Eyeglasses (if needed) for distance
- Hearing aids (if needed) with extra power source

In addition, please also bring the following if applicable:

\*(All forms can be obtained by calling our office and requesting them before your dot physical appointment date)

**DIABETES:** You will need either the federal non-insulin form or the federal insulin form completed by your treating physician and the diabetic eye exam form completed by your eye doctor.

**CARDIAC:** If you have had a heart attack, coronary artery stents, heart disease, chest pain or any heart surgery, a cardiology consult will be required BEFORE your DOT exam. At your DOT exam, you will need to bring a copy of your most recent cardiac stress test written report (must be within 2 years), echocardiogram results (if applicable), and a clearance letter from your cardiologist. If you have a pacemaker, you must bring documentation of your most recent annual pacemaker check (this must be within the past 12 months).

**STROKE:** If you have had a stroke, seizure, head injury, a mini stroke, intracranial bleed, brain infection, dizziness or passing out spells (syncope) you will require a neurology consultation and appropriate clearance letter BEFORE your DOT exam.

**MENTAL HEALTH:** If you are being treated for adult depression, any psychiatric disorder, or Attention Deficit/Hyperactivity Disorder (ADHD), you are required to provide documentation from your primary care provider or mental health provider about your diagnosis, treatment plan, and current medications for clearance to drive a commercial vehicle and/or operate heavy machinery.

**SLEEP APNEA:** If you have sleep apnea, you will be required to bring the most recent 12-month usage compliance report from your CPAP Machine, or an oral appliance letter from your provider or a medical clearance letter for an inspire implant BEFORE your DOT exam.

**BLOOD THINNER:** If you take blood thinners, such as Warfarin (Coumadin), you must provide documentation of monthly INR results. You must have a therapeutic INR within a month of your certification.

**VISION:** If you have monocular vision, you will be required to have your eye doctor complete the federal vision evaluation report form BEFORE your dot exam.

**\*\*Please note: your dot exam results will be delayed if you are not prepared with the above items\*\*  
(This is a check list for the most common health conditions. It is not an all-inclusive list).**

Please call the office if you have any questions.