



**DOT Diabetes (Non-Insulin Dependent) Follow-up Letter**

Employee Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

According to the Federal Motor Carrier Safety Administration (FMCSA) recommendations the medical provider below requires clearance and documentation from your medical provider regarding your diabetes. Please have your provider enclose your test results when sending these documents to Minnesota Occupational Health.

*NOTE: If your blood sugar can be adequately controlled with oral hypoglycemic medication you may be qualified for a medical card. If insulin is required you will need an exemption from the Medical Review Board of the FMCSA or the Minnesota Department of Transportation.*

Today's random blood sugar was \_\_\_\_\_.

DOT Examiners Signature \_\_\_\_\_ DATE \_\_\_\_\_

**TO BE COMPLETED BY YOUR TREATING PHYSICIAN / MEDICAL PROVIDER**

Yes No This patient is diagnosed with diabetes mellitus.

Yes No This patient experiences hypoglycemia.

Yes No This patient has end organ complications.

Most recent HbA1C \_\_\_\_\_ Date \_\_\_\_\_ (NOTE: HgA1C > 10% is disqualifying)

Current Treatment \_\_\_\_\_

Date of next follow-up appointment \_\_\_\_\_

Yes No I attest that this driver's diabetes is under adequate control and that he/she is experiencing no complications that would prevent him/her from safely operating a motor vehicle.

Treating Provider PRINTED Name \_\_\_\_\_ Date \_\_\_\_\_

Provider Signature \_\_\_\_\_ Phone \_\_\_\_\_

Please send to: **Minnesota Occupational Health**

1400 Corporate Center Curve, Ste 200, Eagan, MN 55121

FAX: (651) 730-3523

1661 St. Anthony Ave, 2<sup>nd</sup> Floor, St. Paul, MN 55104

FAX: (651) 646-0205

10230 Baltimore Street NE, Blaine, MN 55449

FAX: (651) 730-3516

4360 12th Ave East, Shakopee, MN 55379

FAX: (651) 730-3551