

# Request for Information: DOT / Sleep Apnea

INTEGRATED, COMPREHENSIVE OCCUPATIONAL HEALTH SERVICES

A division of Summit Orthopedic for over 20 years



Patient Name \_\_\_\_\_

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

During today's DOT examination your provider discussed your history of sleep apnea OR multiple risk factors that significantly increase your risk for undiagnosed obstructive sleep apnea.

*In order to address those concerns please complete the instructions indicated below:*

\_\_\_\_ You have already been diagnosed with sleep apnea and CPAP treatment was recommended. Please have your sleep clinic submit a current/recent CPAP compliance report showing consistent use that meets or exceeds DOT benchmarks. These include average use of at least 4 hours per night for no fewer than 70% of the total nights. Acceptable compliance reports should include AT LEAST the last 30 days of use.

\_\_\_\_ Your current CPAP machine does not record your nightly use. Please arrange an evaluation with your sleep specialist and have them provide adequate documentation that you are compliant with your CPAP, are not experiencing daytime sleepiness and are medically cleared to operate commercial vehicles.

\_\_\_\_ You have been treated for sleep apnea with surgery or an oral appliance. Please submit supporting documentation from your sleep specialist that your sleep apnea is adequately controlled (including a post-surgery/appliance sleep study showing effective treatment) and that you are medically cleared to operate a commercial vehicle. This may require periodic testing such as a sleep study, sleep latency test, or maintenance of wakefulness test.

\_\_\_\_ You have not been previously diagnosed and/or treated for sleep apnea, but have several risk factors for this condition such as: increased BMI, increased neck circumference, reduced space behind your tongue, issues with your blood pressure, excessive daytime sleepiness, excessive snoring or witnessed apneas. Please arrange to see a sleep specialist for evaluation. Forward records from that visit and the report from your sleep study to the location checked below.

DOT Examiner Signature \_\_\_\_\_

Please have your provider forward the requested information to:

EAGAN	-	1400 Corporate Center Curve, Suite 200, Eagan, MN 55121	Phone: 651-968-5300	Fax: 651-730-3523
ST. PAUL	-	1661 St. Anthony Ave., 2nd Floor, St. Paul, MN 55104	Phone: 651-968-5300	Fax: 651-646-0205
BLAINE	-	10230 Baltimore Street NE, Blaine, MN 55449	Phone: 651-968-5300	Fax: 651-730-3516
SHAKOPEE	-	4360 12th Ave East, Shakopee, MN 55379	Phone: 651-968-5300	Fax: 651-730-3551

Minnesota Occupational Health

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