



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 Examiner 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 (NOTE: HgA1C > 10% is disqualifying): _____

Date: _____

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 Name: _____

Date: _____

Provider Signature: _____

Phone: _____

Please have your provider forward the requested information to:

☐ Coon Rapids Location: 600 Coon Rapids Boulevard NW, Coon Rapids, MN

☐ Eagan Location: 1400 Corporate Center Curve, Suite 200, Eagan, MN

☐ Shakopee Location: 4360 12th Avenue E, Shakopee, MN

☐ St. Paul Location: 1661 St. Anthony Avenue, 2nd Floor, St. Paul, MN

☐ Woodbury Location: 4123 Radio Drive, Woodbury, MN

Phone: (651) 968-5300

Fax: (651) 730-3516

Phone: (651) 968-5300

Fax: (651) 730-3523

Phone: (651) 968-5300

Fax: (651) 730-3551

Phone: (651) 968-5300

Fax: (651) 646-0205

Phone: (651) 968-5300

Fax: (651) 730-3574

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