

DOT PHYSICAL FORM

Name: _____

1. Please Circle any of the following that you use: Corrective Lenses AND/OR Hearing Aids (You must have these items with you to conduct DOT Physical)

2.. Yes/NO Are you an Intrastate (within State Only)

3. Yes/NO Are you a CDL Holder?

a. If YES, Circle one of the following: CLP Applicant, CLP Holder, CDL Applicant, OR CDL Holder

"Commercial Driver's License (CDL) Means a license issued by a State or District of Columbia which authorizes the individual to operate a class of a commercial motor vehicle (CMV). A CMV that requires a CDL is one that: (1) has a gross combination weight rating or gross combination weight of 26,001 lbs or more inclusive of a towed unit with a gross vehicle weight rating (GVWR) or gross vehicle weight (GVW) of more than 10,000 LBS; or (2) has a GVWR or GVW of 26,001 lbs or more; or (3) is designed to transport 16 or more passengers, including the driver; or (4) is used to transport either hazardous materials requiring hazardous materials placards on the vehicle or any quantity of a select agent or toxin."

Medical Questionnaire

2. Yes/NO Have you been treated by any doctors within the last 2 years who were not your primary doctor?
(If, yes you will need to bring medical records from those doctors.)

3. YES/ NO Do you have an eye disorder/disease other than one that requires contacts or glasses?

If yes, list: _____ (If yes, you may need clearance from your ophthalmologist)

4. YES/NO Are you hard of hearing or experiencing hearing loss?

If yes, Explain: _____

(If yes, audiometric testing will be completed during physical exam unless documentation within the last 6 months)

5. YES/NO Are you diabetic?

YES/NO If yes, are you on insulin? (If yes, will need insulin waiver)

6. YES/NO Are you a smoker? (If yes, and over 35 will need PFT within past 6 months or will be done during visit)

7. YES/NO Have you been diagnosed with any Pulmonary Conditions such as any of the following: COPD, Asthma, Chronic Cough, Sarcoidosis, Emphysema, or etc?

If yes, list: _____

(If yes, will need PFT within past 6 months or will be done during visit)

8. YES/NO Do you experience any of the following Cardiovascular conditions: Coronary artery disease, CABG, stent placement, CHF, heart murmur, irregular heartbeat, pacemaker, heart valve disorders or etc?

If yes, list: _____

9. YES/NO Are you currently taking any anticoagulant i.e. Coumadin or other blood thinner?

10. YES/NO Have ever had a thoracic or abdominal aortic aneurysm?

If Yes, size on last ultrasound date: _____

(If yes, will need recent imaging report detailing size dimensions)

11. YES/NO Do you have an amputated extremity? (If yes, you will need to have a FMCSA SPE Certificate before physical can be completed)

FASTER CARE DOT PT INFO

Name: _____
Address: _____
Phone #: _____ DOB: _____ AGE: _____
Weight: _____ Height: _____

Will you need a work or school note? _____

Who is your regular doctor? _____

How do you prefer to be contacted regarding preventative/follow up care?

CIRCLE ONE: Secure Messaging Phone Mail

What Pharmacy do you want to use today? _____

(This will be the Pharmacy you use today. NO EXCEPTIONS)

Email Address: _____

OR Check: ☐ **I REFUSE TO REPORT** ☐ **DO NOT HAVE E-MAIL**

Race: _____ **Language if other than English:** _____ **Are you Hispanic? Yes or No**

What is your chief complaint today? _____

What kind of symptoms are you having? _____

When did your symptoms start? _____

Do you have any medical problems (example: high blood pressure or diabetes)? **CIRCLE: YES OR NO**

If Yes, list: _____

Have you ever had any surgeries? **CIRCLE: YES OR NO** **If yes, list:** _____

Have you ever had any hospitalizations? **CIRCLE: YES OR NO** **If yes, list:** _____

Do you take any medications? **CIRCLE: YES OR NO.** **If yes, list.** _____

Are you allergic to any medications? **CIRCLE: YES OR NO.** **If Yes, list:** _____

When was your last Tetanus shot? _____

If applicable: Are your child's immunizations up to date? **CIRCLE: YES OR NO**

Women: Date of last period? _____

Do you: Smoke? **CIRCLE: YES OR NO** **If yes, how many packs per day?** _____

Drink alcohol? **CIRCLE: YES OR NO** **If yes, everyday or occasionally?** _____

Use drugs? **CIRCLE: YES OR NO** **If yes, what and how often?** _____

Family History (please list any medical conditions of family members listed below, deceased or living)

Father: ☐ alive ☐ deceased _____ Siblings ☐ alive ☐ deceased: _____

Mother: ☐ alive ☐ deceased _____ Children ☐ alive ☐ deceased: _____

Office Use:

Time:

Company:

Charges:

BP:

BP:

P:

P:

R:

R:

T:

T:

O2:

O2:



When you need care **NOW!**

AUTHORIZATION TO RELEASE

PATIENT NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

I, _____ REQUEST/RELEASE DETAILS REGARDING MY DOT PHYSICAL
EVALUATION TO MY EMPLOYER; _____.

I UNDERSTAND THAT THIS INFORMATION MAY INCLUDE:

- BILLS DETAILING PROCEDURES/TESTS PERFORMED
- PULMONARY FUNCTION TEST (PFT) CLEARANCE LETTERS
- MEDICAL QUALIFICATION STATUS

PATIENT CONSENTING SIGNATURE : _____ DATE: _____

WITNESS SIGNATURE: _____ DATE: _____



South Carolina Department of Motor Vehicles
Commercial Driver's License (CDL) Holders
Medical Certification Requirements

DL-405A
(Rev. 3/12)

THIS ENTIRE FORM MUST BE COMPLETED BY THE APPLICANT
and must be completed in black or blue ink.

CURRENT LEGAL NAME (FIRST, MIDDLE, LAST, SUFFIX)

DATE OF BIRTH

/ /

SOCIAL SECURITY NUMBER

- -

DRIVERS LICENSE NUMBER

CHECK THE APPROPRIATE BOX FOR THE TYPE OF OPERATION THAT APPLIES TO YOU
See Frequently Asked Questions (FAQ) for explanations

- ☐ **NON-EXCEPTED INTERSTATE (NI)** Operates in interstate commerce and meets the qualification requirements under 49 CFR part 391
(Required to have a DOT medical card/certificate)
- ☐ **EXCEPTED INTERSTATE (EI)** Operates in interstate commerce, but engages exclusively in transportation or operations excepted under 49 CFR 390.3(f), 391.2, 391.68 or 398.3
(See FAQ Sheet for list)
- ☐ **NON-EXCEPTED INTRASTATE (NA)** Operates only in intrastate commerce and is subject to and meets State driver qualification requirements.
(18-20 years of age and/or license with an "I" restriction)
- ☐ **EXCEPTED INTRASTATE (EA)** Operates only in intrastate commerce, but engages exclusively in transportation or operations excepted from State driver qualification requirements.
(Not applicable in South Carolina)

I certify under penalty of perjury that all statements above are true and correct.

SIGNATURE OF APPLICANT

DATE

If your CDL is current, you may submit this form along with any other documents that apply to you (Medical Examiner's Certificate, Federal Waiver, Skills Performance Evaluation) using one of the following options:

- 1) Mail this form and copies of medical documents to: **SCDMV - CDL Help Desk**
PO Box 1498
Blythewood, SC 29016-0028
- 2) Scan the documents and then email them to: CDLHelpDesk@scdmv.net
- 3) Fax this form and medical documents to the CDL Help Desk. Fax number is (803) 896-2676
- 4) Deliver this form and medical documents to your local SCDMV office. A list of office locations and hours can be found on our website www.scdmvonline.com

Please contact the CDL Help Desk at (803) 896-2673 if you have any questions regarding this form.



South Carolina Department of Motor Vehicles
New Medical Certification Requirements
A Guide for Commercial Driver's License (CDL) Holders
Frequently Asked Questions (FAQ)

DL-405A
(FAQ)
(Rev. 1/14)

The following FAQs will help you in determining how to meet the new Federal medical certification requirements:

Q. What must I do to comply with the new requirements for making my medical certification part of my CDL driving record?

A. Once DMV has your type of commerce recorded you are not required to complete this form again unless you are changing the type of commerce in which you intend to operate.

You are required to self-certify to a single type of commercial operation on SCDMV *Form DL-405A Commercial Driver's License Holders Medical Certification Requirements*. Based on that self-certification, you may need to provide your current medical examiner's certificate and show any variance (Federal Waiver/Skills Performance Evaluation) you may have to obtain or keep your CDL.

Q. How do I determine which type of commercial motor vehicle (CMV) operation I should self-certify?

A. For the purpose of complying with the new requirements for medical certification, it is important to know how you are using the CMV. To help you decide, follow these steps:

Step 1: Do you, or will you, use a CDL to operate a CMV in interstate or intrastate commerce?

Interstate commerce is when you drive a CMV:

- From one State to another State or a foreign country;
- Between two places within a State, but during part of the trip, the CMV crosses into another State or foreign country; or
- Between two places within a State, but the cargo is part of a trip that began or will end in another State or foreign country.

Intrastate commerce is when you drive a CMV within a State and you do not meet any of the descriptions above for interstate commerce.

If you operate in both intrastate commerce and interstate commerce, you must choose interstate commerce.

In the state of South Carolina, Non-excepted intrastate commerce is applicable only to individuals between 18 and 20 years of age and/or with an "I" restriction on his license.

Step 2: Once you decide you operate or will operate in interstate commerce or intrastate commerce, you must decide whether you operate (or expect to operate) in a non-excepted or excepted status. This decision will tell you which of the four types of commerce you must self-certify.

Interstate Commerce:

You operate in **excepted interstate commerce** when you drive a CMV in interstate commerce only for the following excepted activities:

- To transport school children and/or school staff between home and school;
- As Federal, State or local government employees;
- To transport human corpses or sick or injured persons;
- Fire truck or rescue vehicle drivers during emergencies and other related activities;
- Primarily in the transportation of propane winter heating fuel when responding to an emergency condition requiring immediate response such as damage to a propane gas system after a storm or flooding;
- In response to a pipeline emergency condition requiring immediate response such as a pipeline leak or rupture;



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- In custom harvesting on a farm or to transport farm machinery and supplies used in the custom harvesting operation to and from a farm or to transport custom harvested crops to storage or market;
- Beekeeper in the seasonal transportation of bees;
- Controlled and operated by a farmer, but is not a combination vehicle (power unit and towed unit), and is used to transport agricultural products, farm machinery or farm supplies (no placardable hazardous materials) to and from a farm and within 150 air-miles of the farm;
- As a private motor carrier of passengers for non-business purposes ; or
- To transport migrant workers.

If you answered yes to one or more of the above activities as the **only** operation in which you drive, you operate in **excepted interstate commerce** and do not need a Federal medical examiner's certificate.

If you answered no to all of the above activities, you operate in **non-excepted interstate commerce** and are required to provide a current medical examiner's certificate (49 CFR 391.45), commonly referred to as a medical certificate or DOT card. Most CDL holders who drive CMVs in interstate commerce are **non-excepted interstate commerce** drivers.

If you operate in both **excepted interstate commerce** and **non-excepted interstate commerce**, you must choose **non-excepted interstate commerce** to be qualified to operate in both types of interstate commerce.

Q. What if my Commercial license does not expire until after January 30, 2014?

A. Prior to January 30, 2014 you must self-certify to a single type of commercial operation.

Q. What happens after January 30, 2014 if I have not self-certified my commercial operation?

A. CDL holders who do not meet the January 30, 2014 will be in jeopardy of losing their Commercial Driver's License.

Q. How do I self-certify?

A. You may visit any SCDMV field office and complete a form DL-405A (*Commercial Driver's License Holders Medical Certification Requirements*). The form can also be down loaded from our website www.scdmvonline.com and mailed, faxed or emailed to the CDL Help desk. Depending upon the self-certification you may also need to present a valid DOT medical card.

- Mailing Address: SCDMV-CDL Help Desk
PO Box 1498
Blythewood SC 29016-0028
- Email Address: cdlhelpdesk@scdmv.net
- Fax: (803) 896-2676

Q. If I have additional questions, who should I contact?

A. You may contact the SCDMV CDL Help Desk at (803) 896-2673.