



Betty Ann Cohen, M.D.

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DOT Drivers and Diabetes

In compliance with DOT regulations concerning DRIVER medical qualifications this clinic requires the issues be confirmed by the DRIVER's Primary Care Provider or treating Endocrinologist when the DRIVER has DIABETES.

- Written confirmation that the DRIVER **is or is not** prescribed insulin
- Written confirmation that the DRIVER does not suffer Hypoglycemic episodes
- Results of the most recent HbA1c blood test that should be performed every 3 months
- Results of Ophthalmologic evaluations that should be performed annually.

I, _____ give my permission to Dr. _____ to release the following requested medical information to Dr. Betty Ann Cohen at The Healthy Worker.

Signed: _____ Date: ___/___/___

DRIVER/Patient

DOB: ___/___/___

Provider, please answer questions A or B; and both 3 & 4

[A] I, Dr. _____, affirm that my patient, _____ does **not** use insulin to control diabetes and that he/she is not subject to hypoglycemic episodes.

[B] I, Dr. _____, affirm that my patient, _____ does use insulin to control diabetes and has done so for _____ years and that he/she is not subject to hypoglycemic episodes.

3. HIS/HER latest HbA1c was performed on ___/___/___ and the results was _____.

4. HIS/HER latest Ophthalmologic evaluation was performed by Dr. _____ on _____ and confirmed no pathology that would compromise the DRIVER's ability to drive safely.

Signed: Dr. _____ Date: ___/___/___