



Minnesota Department of Transportation

Office of Freight and Commercial Vehicle Operations

Mail Stop 420
395 John Ireland Boulevard
St. Paul, MN 55155-1899

Phone: 651/215-6330

Fax: 651/366-3718

**Insulin-Dependent Diabetic
Physician's Examination Report**

Dear Licensed Physician:

The patient before you is applying to this office for a waiver from the medical standards for commercial vehicle drivers. We have asked the patient to share with you a copy of the application packet so that you are aware of our requirements. We are asking your cooperation in examining the patient in accordance with the criteria listed below. If all of these statements are found to be true, please certify that by placing your signature and today's date at the bottom of the report.

I examined _____ on _____.

I understand that the examination is one of the preconditions required of a person who applies to the Minnesota Department of Transportation for a waiver from the qualification requirements contained in the Federal Motor Carrier Safety Regulations at 49 CFR 391.41(b)(3), and adopted by Minnesota Statutes. I fully understand what type of examination is required. I, therefore, based upon my examination, do declare:

- 1) I am familiar with the patient's medical history for the past three years either through actual treatment over that time, or through consultation with the physician who has treated the patient during that time;
- 2) The patient does not have *severe hypoglycemia*;
- 3) The patient does not have *hypoglycemia unawareness*;
- 4) Within the last three years, the patient has not had a hypoglycemic reaction that resulted in any change in mental or physical status that would have been detrimental to safe driving;
- 5) The patient's diabetic condition would not adversely impact on the patient's ability to operate a commercial motor vehicle;
- 6) The patient has been educated in diabetes and its control, thoroughly informed of and understands the procedures which must be followed to monitor and manage his/her diabetes, and what procedures should be followed if complications arise;
- 7) The patient has the ability and has demonstrated his/her willingness to properly monitor and manage his/her diabetes.

Physician's name and title (please print)

Minnesota license number

Office/clinic name and telephone number

Signature

Date of examination