



## DOT Physical Exam Financial Responsibility

If you are a commercial vehicle operator, you are required to pass a Department of Transportation (DOT) physical examination. The exam ensures that you are healthy enough to be out on the road. Since passing the exam is vital to maintaining your job, many are understandably nervous or have questions about this exam. Below are some important DOT questions and answers.

- **What is involved in a DOT physical exam?**  
A DOT exam includes a review of your medical history, a thorough physical examination, a urine test, and a fitness determination for commercial drivers.
- **Do I have to submit to a urine test?**  
In order to pass your exam, the urine test is mandatory. Refusing to submit to a urine test means you will not be permitted to do your job. This test is necessary to screen your kidneys; to make sure you are free of high blood pressure, kidney disease, and early signs of diabetes.
- **What conditions could make me fail my DOT physical?**  
Any condition that could impair your ability to control or operate a vehicle will not permit you to pass the exam. This can include limb impairment, vision or hearing issues, diabetes controlled by insulin, heart disease, high blood pressure, epilepsy, mental disorders, or use of drugs and alcohol.
- **How long is my clearance card valid?**  
Once you pass your exam, it's valid for up to two years. If you have a condition that needs to be monitored (like high blood pressure), your certificate may be valid for a shorter period of time.

**I understand I WILL be required to provide clearance letters from my treating provider/specialist for some conditions prior to passing my physical exam, for example:**

- **Obstructive sleep apnea**
- **Diabetes**
- **Cardiac conditions**
- **Neurologic conditions**

**Read and initial the following:**

\_\_\_\_\_ **I am receiving a physical exam today from First Care.**

\_\_\_\_\_ **I will be charged for my physical regardless of my current health condition.**

\_\_\_\_\_ **I will be expected to pay in full before my exam today regardless if I pass or fail.**

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Printed Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_