

**DOT Diabetes Letter**

Date: \_\_\_\_\_

Offices of Gonstead, Stangl and Arkowski  
Chiropractic and Massage Therapy  
503 E. Clairemont Ave  
Eau Claire, WI 54701  
Phone: 705-732-2223  
Fax: 715-832-7416

Re: Patient Name: \_\_\_\_\_

Patient D.O.B: \_\_\_\_\_

Dear Dr. \_\_\_\_\_,

Your patient is applying for a Commercial Driver’s License (CDL). Rules governing the CDL have changed per the Department of Transportation or DOT. To assist us in certifying your patient with DIABETES, we need the following from you. Please complete the following form and supply the necessary additional information.

Diagnosis: DIABETES

- Diet controlled
- Oral meds (please list) \_\_\_\_\_
- Insulin (type and dosage) \_\_\_\_\_
- Complications (please list) \_\_\_\_\_

Have there been any changes in medications or treatment plan over the last year? (circle one) YES NO  
If yes, what? \_\_\_\_\_

Patient’s blood sugars FBS log for 1 month reviewed (goal average 90-120) Please attach or have patient bring to physical.

Results of most recent HbA1c \_\_\_\_\_ and date obtained \_\_\_\_\_ (goal 8 or less).  
Please attach test.

Any hypoglycemic episodes in last yr. requiring medical intervention? YES NO If yes please describe in separate letter, noting severity, what treatment was required, and where treated. If this has happened more than once please indicate.

Please supply a letter on your letterhead noting that you are the managing provider for this patient's diabetes, that there are no complications which would impair their ability to drive heavy equipment or pose a risk for sudden or severe impairment.

Please feel free to call us if there are questions. Diabetic patients will require recertification at least yearly.

Sincerely,



Gontead, Stangl and Arkowski Chiropractic and Massage Providers