**To Prescribing/Treating Provider**

***\*Driver is Responsible for Returning The Following Information to Dr. Villa***

Per FMCSA guidelines, the following medication (s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ require(s) documentation from the prescribing provider to allow Mr./Ms./Mrs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to continue to drive a school bus / commercial vehicle. The documentation needs to state that the medication is:

* Adequate and effective for Mr./Ms./Mrs. \_\_\_\_\_\_\_\_\_\_\_\_\_’s condition
* Mr./Ms./Mrs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_’s condition is stable
* It is safe for Mr./Ms./Mrs. \_\_\_\_\_\_\_\_\_\_\_\_\_ to drive a school bus/commercial vehicle.

The following documentation is needed for Mr./Ms./Mrs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s condition. The documentation needs to state that the condition is:

- Condition is being monitored at least annually

- Mr./Ms./Mrs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s condition is stable

- It is safe for Mr./Ms./Mrs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to drive a school bus / commercial vehicle

□ Stress test results (Please include LVEF)

□ Sleep Study

□ Sleep Study Compliance Report (Please include % of time used)

□ PFT results (Please include FEVı % and FEVı/FVC ratio)

□ Blood Glucose was \_\_\_\_\_\_\_\_\_\_ mg/dL at \_\_\_\_:\_\_\_\_ am / pm. It needs to be below 180 mg/dL if the driver is being treated for Type II diabetes and between 70 – 110 if no dx of diabetes.

□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Doctor’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Doctor’s Printed Name

***Please fax to (254) 776-3602 or email to:*** ***gvilla@healthshielddot.com***

Thank you for your help in this matter,

George Villa, DC