WorkFitMedical
Occupational Health Services

Medical Follow-Up Form
Commercial Driver

Patient's Name: _____ DOB: _____

Dear Doctor: The employee named above was seen by our staff for a work related examination. In order for a driver of a Commercial Motor Vehicle to obtain or maintain certification when a medical condition is present, the patient must obtain medical follow-up from his/her personal physician documenting that the condition is diagnosed, treated, and under control.

The employee has been informed of the rationale for this follow up request. By signing below, he/she gives approval to WorkFit Medical, LLC to share documentation concerning this case with his/her personal physician.

We thank you in advance for completing this form and faxing it back to WorkFit Medical, LLC at one of the fax numbers listed below.

Employee Signature _____ Date: _____

Comments/Condition:_____

_____

Requested by:

Please Complete and Verify:

1. The above named patient is under my medical supervision for the above condition and has been seen at my office within the last 6 months. ☐ Yes ☐ No Date of Last Visit: _____
2. Diagnosis: _____
3. Has the condition been addressed or treated and stabilized? ☐ Yes ☐ No
   (If no, please comment on stability of the condition) _____
   _____
4. Current Treatment (if medications, please attach list)
   _____
   _____
5. In your opinion, can the above stated patient safely operate a bus or commercial motor vehicle with this condition and/or while on the medication listed above? ☐ Yes ☐ No
   (If no, why not?)_____
6. Does this patient have any other condition(s) which would interfere with his/her ability to safely operate a bus or commercial motor vehicle? ☐ Yes ☐ No ____ (If yes, what?) _____

Doctor's Signature: _____ Date: _____
Doctor's Printed Name: _____ Office Phone: _____
Office Street Address: _____ Office Fax: _____
City _____ State: _____ Zip: _____

(WorkFit use only)

Date Reviewed: _____

Provider Signature: _____

☐ Employee meets follow-up requirements for ____ months.

☐ Employee does not meet follow-up requirements.

☐ Other: _____

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