VANDERBILT HEALTH AT MNPS HEALTH CARE CENTERS

Fessey Court	2494 Fessey Court, Nashville, TN 37204	Phone (615) 259-8755	Fax (615) 244-0520
Stratton A	306 W Old Hickory Boulevard, Madison, TN 37115	Phone (615) 259-8755	Fax (615) 865-6360
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Two Rivers	2995 McGavock Pike, Nashville, TN 37214	Phone (615) 259-8755	Fax (615) 232-3865
Mt. View	3812 Murfreesboro Road, Antioch, TN 37013	Phone (615) 259-8755	Fax (615) 641-2280
West	655 Colice Jeanne Road, Nashville, TN 37221	Phone (615) 259-8755	Fax (615) 646-9190

COMMERCIAL DRIVER CERTIFICATION DETERMINATION – VISION

Exam Date _____
DOT Driver _____
DOB _____

The above individual has presented to the clinic for a Commercial Driver Fitness Determination in accordance with U.S. Code of Federal regulation 49 CFR 391.41. During the examination, the following was noted:

_____
_____
_____

Driver Consent for Release of Medical Information

I, _____, hereby authorize the release to MNPS Health Care Centers for the following information.

___ All medical records and reports
___ Latest vision test
___ Other _____

Patient Signature _____ Date _____
Patient Print Name _____

Statement of Personal Physician

According to the U.S. Code of Federal Regulation Title 49 part CFR 391.41 (b)(10) states "A person is physically qualified to drive a commercial motor vehicle if that person: *Has distant visual acuity of at least 20/40 (Snellen) in each eye without corrective lenses or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses, distant binocular acuity of at least 20/40 (Snellen) in both eyes with or without corrective lenses, field of vision of at least 70° in the horizontal Meridian in each eye, and the ability to recognize the colors of traffic signals and devices showing standard red, green, and amber*".

I have read the above and understand the regulation and guidelines cited. I verify that the above individual meets the specified vision standards.

Physician Signature _____ Date _____
Physician Print Name _____
Specialty _____
Phone _____
Address _____
_____

PLEASE FAX TO OUR _____ LOCATION AT FAX NUMBER _____