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 – HEARING

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 hearing 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)(11) states "A person is physically qualified to drive a commercial motor vehicle if that person: *First perceives a forced whispered voice in the better ear at not less than 5 feet with or without the use of a hearing aid or, if tested by use of an audiometric device, does not have an average hearing loss in the better ear greater than 40 decibels at 500 Hz, 1,000 Hz, and 2,000 Hz with or without a hearing aid when the audiometric device is calibrated to American National Standard (formerly ASA Standard) Z24.5—1951*."

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

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

PLEASE FAX TO OUR _____ LOCATION AT FAX NUMBER _____