

**VANDERBILT HEALTH AT MNPS HEALTH CARE CENTERS**

Fessey Court	2494 Fessey Court, Nashville, TN 37204	Phone (615) 259-8755	Fax (615) 244-0520
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West	655 Colice Jeanne Road, Nashville, TN 37221	Phone (615) 259-8755	Fax (615) 646-9190

**COMMERCIAL DRIVER CERTIFICATION DETERMINATION – GENERAL MEDICAL ASSESSMENT**

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 pertaining to the above findings
- Laboratory reports
- Other \_\_\_\_\_

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Patient Print Name \_\_\_\_\_

Statement of Personal Physician

The above individual has the following diagnosis \_\_\_\_\_  
 Treatment related to this diagnosis includes \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I verify the above individual’s medical condition is stable, and the individual is neither at risk for sudden incapacitation nor has a medical disease or symptom that would affect the ability to safely operate a commercial motor vehicle.

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Physician Print Name \_\_\_\_\_  
 Specialty \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_

**PLEASE FAX TO OUR \_\_\_\_\_ LOCATION AT FAX NUMBER \_\_\_\_\_**