

VANDERBILT HEALTH AT MNPS HEALTH CARE CENTERS

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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 – PSYCHIATRIC 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
- Medical information on psychiatric diagnosis
- Labs pertaining to psychiatric diagnosis
- List of medications
- Other _____

Patient Signature _____
 Patient Print Name _____

Date _____

Statement of Personal Physician

According to the U.S. Code of Federal Regulation Title 49 part CFR 391.41 (b)(9) states, "A person is physically qualified to drive a commercial motor vehicle if that person: *Has no mental, nervous, organic, or functional disease or psychiatric disorder likely to interfere with his/her ability to drive a commercial motor vehicle safely*".

I have read the above and understand the regulation and guidelines pertaining to psychiatric disorders. I verify that the above individual has no disqualifying psychiatric disorder and is not at risk for sudden incapacitation or unsafe behaviors that would affect the ability to safely operate a commercial vehicle.

PLEASE INCLUDE DOCUMENTATION TO SUPPORT THIS STATEMENT.

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

Date _____

PLEASE FAX TO OUR _____ LOCATION AT FAX NUMBER _____