

**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
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West	655 Colice Jeanne Road, Nashville, TN 37221	Phone (615) 259-8755	Fax (615) 646-9190

**COMMERCIAL DRIVER CERTIFICATION DETERMINATION – CONTROLLED SUBSTANCES**

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
- \_\_\_ List of prescribed medication(s)
- \_\_\_ Medical information on diagnosis requiring controlled substance(s)
- \_\_\_ 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)(12) states "A person is physically qualified to drive a commercial motor vehicle if that person: (i) Does not use any drug or substance identified in 21 CFR 1308.11 Schedule I, an amphetamine, a narcotic, or other habit-forming drug, (ii) Does not use any non-Schedule I drug or substance that is identified in the other Schedules in 21 part 1308 except when the use is prescribed by a licensed medical practitioner, as defined in § 382.107, who is familiar with the driver's medical history and has advised the driver that the substance will not adversely affect the driver's ability to safely operate a commercial motor vehicle."

I have read understand the regulation and guidelines cited. I verify that the above individual can safely operate a commercial motor vehicle while taking the above medication(s).

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

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