



On-site Physical Certifications



Dear Treating Physician:

Your patient drives a commercial vehicle and is subject to California and Federal regulations. Among them are requirements that there be no medical conditions that would adversely affect the driver's ability to drive safely on roadways. There is concern for the commercial driver as well as other drivers.

There is/are medical condition(s) for which you are treating the patient that may compromise his/her safety or that of others on the road, including but not limited to:

1. _____
2. _____
3. _____

We need your clearance for the driver to assure that he/she satisfies the involved regulations, and documentation providing evidence.

Please check one of the two options below indicating that you have reviewed the documents and assigned the patient/driver an appropriate level of risk. The patient will return the signed document to me.

1. ____ The patient's condition does not constitute a risk on the roadways
2. ____ The patient's condition does represent a potential risk on the roadways and he/she should not drive commercial vehicles.

Signed:_____

Name:_____

Address:_____

Thank you for your help in this matter. Please don't hesitate to call me directly.

Audrey Sanfilippo PA-C

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