

**CDL Checklist**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you answer YES to any of the following questions you must bring the information listed at the time of exam.

**Do you take any medications? Yes: \_\_\_\_\_\_\_\_ No: \_\_\_\_\_\_\_\_\_**

**If yes, list all medicines (INCLUDING CONTROLLED MEDICATIONS)**

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**Do you have diabetes? Yes: \_\_\_\_\_\_\_ No: \_\_\_\_\_\_\_**

**If yes, you will not qualify for a CDL if you take insulin**

**If your A1C is less than 8 and your diabetes is well controlled by medication you must bring:**

1. Comprehensive Metabolic Panel within 1 year
2. Hemoglobin A1C results taken within 6 months
3. Progress notes from your last visit with your Primary Care Provider including medication profile within 1 year
4. A note written by your ophthalmologist or optometrist on letter head or a prescription pad stating that:
5. You have been seen within the last 12 months
6. And **Do Not have diabetic retinopathy.**

**Do you have high blood pressure? Yes: \_\_\_\_\_\_\_\_ No: \_\_\_\_\_\_\_**

**If yes,** your blood pressure at time of exam must be 140/90 or less to get a ONE YEAR certificate. If your pressure is higher your eligibility may be limited or you may not be eligible.

**Have you ever had surgery? Yes: \_\_\_\_\_\_\_ No: \_\_\_\_\_\_\_**

**If yes, list surgeries with year.**

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**Other health conditions not described above? Yes: \_\_\_\_\_\_\_\_\_\_\_\_ No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If yes, please list:**

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**If you have Any heart related history, such as surgery, stents, Coronary Artery Bypass Grafting (CABG), Coronary Artery Disease (CAD) or other treatment for heart disease, you must contact us at (504) 309-9805 before scheduling a CDL exam.**