

**Commercial Driver's License Holders Only – Obstructive Sleep Apnea**

CDL Driver's Name: \_\_\_\_\_ CDL License #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
**The CDL driver's treating physician for Obstructive Sleep Apnea (OSA) must complete this form.**

1. Are you aware of the driver's prescribed medications and/or any over-the-counter medications that the driver currently uses?
  - a. List those used to keep driver awake/alertness: \_\_\_\_\_
  - b. List those used to help the driver sleep: \_\_\_\_\_
  - c. Your professional medical opinion on whether the effects of these medications on the individual will medically interfere with the driver's ability to operate any/all commercial motor vehicle(s) safely. \_\_\_\_\_  
\_\_\_\_\_
  - d. List all other medications: \_\_\_\_\_
2. Date of the diagnostic polysomnogram (PSG) or split night PSG: \_\_\_\_\_
  - a. What was the diagnostic apnea/hypopnea index (AHI)? \_\_\_\_\_ Lowest oxygen saturation? \_\_\_\_\_
3. Date of the Positive Airway Pressure Titration Study? \_\_\_\_\_
  - a. What was the AHI at recommended pressure from either of these, or the split night? \_\_\_\_\_  
 Lowest oxygen saturation? \_\_\_\_\_ What was the recommended pressure? \_\_\_\_\_ cwp
4. Date of any other sleep tests: MSLT \_\_\_\_\_ MWT \_\_\_\_\_ Was it 4 nap opportunities of 40 min each? \_\_\_\_\_
  - a. What was the result of the MSLT and/or MWT? \_\_\_\_\_  
\_\_\_\_\_
5. Method of OSA treatment: Positive Airway Pressure \_\_\_\_\_ Dental Appliance \_\_\_\_\_ Positional \_\_\_\_\_  
 Surgery \_\_\_\_\_ Other (please specify) \_\_\_\_\_
  - a. Did the driver have symptoms of daytime sleepiness? \_\_\_\_\_ Was there sleepiness while driving? \_\_\_\_\_
  - b. Is the current method of treatment effective in resolving the driver's excessive sleepiness, including while driving? \_\_\_\_\_
  - c. If driver had surgery, was a post PSG given? \_\_\_\_\_ If yes, what was the new AHI? \_\_\_\_\_ If no, please give explanation: \_\_\_\_\_
  - d. Is the driver still required to use a positive airway pressure machine after surgery? \_\_\_\_\_

**The final question is only for CDL drivers who use a positive airway pressure machine, such as CPAP, APAP, BPAP, or ASV:**

A CDL driver with OSA using a positive airway pressure machine as treatment may be certified if being successfully treated. For the CDL driver to show successful treatment, the CDL driver must demonstrate good compliance with treatment. *Compliance* is defined as using the machine for the duration of sufficient total sleep time. Additionally, if the CDL driver had excessive sleepiness when driving, the CDL driver must demonstrate resolution of the excessive sleepiness. Optimal treatment efficacy occurs with seven (7) hours or more of use during sleep every night at recommended pressure.

6. As the CDL driver's treating physician for sleep apnea, I confirm that I have reviewed a minimum of six (6) months of the driver's positive airway pressure machine data downloads: \_\_\_\_\_
  - a. What is the AHI recorded on the data download? \_\_\_\_\_  
 Is the average use at pressure for "ALL" nights (not just "nights used") 4 hours or greater? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If no, please provide percentage that is over 4 hours \_\_\_\_\_ What is being done to increase nightly use?  
\_\_\_\_\_
  - b. If the driver's machine does not download, how are you monitoring the driver's usage?  
\_\_\_\_\_
7. Your professional opinion as to whether the driver's sleep disorder is satisfactorily controlled, and whether the driver is medically able to safely operate a commercial motor vehicle:
  - a.  Yes, driver's OSA is controlled and the recommended treatment plan is being followed.
  - b.  No, driver's OSA is not currently controlled and the recommended treatment plan is not being followed.

Doctor's Signature: \_\_\_\_\_ Doctor's Printed Name: \_\_\_\_\_  
 Date: \_\_\_\_\_ Doctor's License Number: \_\_\_\_\_ Phone # \_\_\_\_\_