

## Medical Certificate Release of Liability

**Please be aware that we do not automatically send your DOT physical and Med Card to the Department of Public Safety.** As a driver, it is your responsibility to provide this information to the State with your CDL Affidavit. Your DOT physical is sent to the National Registry, as required by law, by all Nationally Registered DOT Providers **but not to the DPS.** As a driver, you have 4 options.

**\*Mail** – Texas Department of Public Safety Enforcement & Compliance Service Attention: CDL Section  
P.O. Box 4087 Austin, Texas 78773

**\*In Person** – Go to any Texas DPS office, pay their fee, and they will submit it for you directly in to the system.

**\*Fax** – 512-424-2002     **\*Email in PDF format** - [CDLMedCert@dps.texas.gov](mailto:CDLMedCert@dps.texas.gov)

If you ask us to send it in for you there will be an additional fee required for this service. We are not liable for the information that is sent or the affidavit content. It is your responsibility as the driver to follow up with the State if it has been registered. Also, on occasion based on the type of license you carry, the State may require additional forms that we do not keep on file here. It is best practice to check with your local DPS on this matter. To prevent your commercial driver license from being downgraded, you will need to send a copy of the new DOT medical certificate to the Department within 15 days of the DOT medical certificate issuance date. By signing this I am stating that I have read the above statements, have had a chance to ask questions, understand the information contained on this form and I am aware it is my responsibility as a CDL holder to provide my medical certificate to the Department of Public Safety. I DO NOT hold West Texas Injury Prevention or any of its employees responsible for information contained therein if the faxing service is utilized. If English is not my primary language, I have had this translated to me and understand its contents.

Print Name	Signature	Date
<b>DO NOT WRITE BELOW THIS LINE: THIS IS FOR WTIP PERSONNEL ONLY!!!!!!</b>		

### **DOT Driver Criteria for Recommendation of Sleep Study**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Neck: \_\_\_\_\_ BMI: \_\_\_\_\_

BMI 40 or greater: YES = Request Sleep Study      BMI 32 or less: NO = Not recommended at this time.

#### **BMI of 33-39 and at least 3/11 Risk Factors:**

- |   |  |
|---|--|
| <input type="checkbox"/> Male or Post Menopausal Woman            | <input type="checkbox"/> Loud Snoring                  |
| <input type="checkbox"/> Age 42 or older                          | <input type="checkbox"/> Witnessed Episodes of Apnea   |
| <input type="checkbox"/> History of Coronary Artery Disease (CAD) | <input type="checkbox"/> Mallampati Class 3 or 4       |
| <input type="checkbox"/> Hypertension ( High Blood Pressure)      | <input type="checkbox"/> Micrognathia or Retrognathia  |
| <input type="checkbox"/> NIDDM (Type II Diabetes)                 | <input type="checkbox"/> Neck Size greater than 17 men |
| <input type="checkbox"/> Hypothyroidism (Low thyroid levels)      | <input type="checkbox"/> 15.5 in women                 |
| <input type="checkbox"/> History of Stroke or Arrhythmias         |  |

YES = Recommend Sleep Study      NO= Optional      Already on CPAP

