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PATIENT NAME _____ DATE: _____

PATIENT DATE OF BIRTH: _____

Your patient has a bus driver physical coming up and additional information is needed for the physical.

Please complete.

NON-INSULIN DEPENDENT DIABETES FORM

1. When was the patient diagnosed with diabetes? _____
2. Is the patient compliant with medical appointments & how often is the patient monitored? ____ ____
3. What and when was the patient's last HgA1c? _____
4. What medications is the patient taking? _____

5. Is the treatment efficacious? _____
6. Is the driver tolerant of the medications? _____
7. Is the treatment adequate, effective, safe and stable? _____
8. Has the patient had any hypoglycemic episodes in the past year? ____ Five Years ____
9. Does the patient have Peripheral Neuropathy, Retinopathy, or Nephropathy or other target end organ damage? _____ If yes, Explain: _____
10. Does the driver have any current limitations? ____ If Yes, Explain: _____

In your medical opinion does this drivers condition increase the risk for sudden death or incapacitation thus endangering public safety? _____

Thank you for completing this questionnaire.

Signature: _____ Date _____

Office Stamp with Physician Name: