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PATIENT NAME _____ DATE: _____
DATE OF BIRTH: _____

SLEEP APNEA FORM

Dear Treating Physician:

Your patient is having a medical evaluation to drive a bus. In order to certify the individual, they must be compliant with their CPAP machine. In order to be in compliance, the individual must be using their CPAP machine for more than four hours more than 70% of the time and must be free of daytime somnolence and symptoms of sleep apnea. Please complete the following questions and attach the one year compliance report. If the patient has been using CPAP for less than one year, please attach the longest available report.

Thank you,
Roxanne Dietzler, DO, FAAFP

Based on evaluation of my patient and review of the above information, I have reached the following conclusions:

1. Does the driver have sleep apnea? _____
If yes, date of diagnosis _____
2. What study was used to reach this determination? _____
3. The following treatment was prescribed _____
4. If using CPAP, when was it started? _____
5. Is the patient compliant with treatment? _____
6. Is the patient free from apnea while using CPAP? _____
7. Is the treatment efficacious? _____
8. Do you feel the patient is safe to operate a school bus without risk to public safety? _____

Physician Name: _____ Date _____

Physician's Signature: _____

Physician Stamp with address stamp and phone number:

**** COMPLIANCE REPORT MUST BE ATTACHED ****