

Drivers' Name _____ Date of Birth _____

Address _____

PHYSICIAN SEMI-ANNUAL EVALUATION CHECKLIST

Colorado Intrastate Diabetes Waiver Program

Instructions for the Physician

Please type or print your answers legibly. The waiver semi-annual evaluation must be completed and signed by the treating physician – M.D. or D.O. Thank you.

This applicant was granted a Colorado State diabetes waiver from the Federal diabetes standard to operate a commercial motor vehicle (CMV) in intrastate commerce (operations in Colorado only). Semi-annual medical monitoring and reporting of that monitoring is a condition of the waiver from the diabetes standard of 49 CFR 391.41(b)(3).

Date of Evaluation _____

Physician's Name: _____

Address: _____

Phone: _____ State License Number _____

1. I have reviewed the patient's daily glucose logs (from his/her glucose monitoring device) for the period of time since the last examination.

YES NO

2. I certify that this individual continues to maintain a stable insulin regimen and that his/her on-going glycosylated hemoglobin (A1C) result continues to reflect stable control of his/her insulin-treated diabetes mellitus.

YES NO

3. I hereby certify that in my medical opinion, the applicant is able to safely operate a commercial motor vehicle (CMV) in intrastate commerce (Colorado only) while using insulin. YES NO

Physician's Signature: _____

Mail to: Colorado State Patrol-Motor Carrier Safety, Attn: Medical Waivers,

15075 South Golden Road, Golden, CO 80401

OFFICE USE ONLY

DATE RECEIVED: _____

APPROVED BY: _____

CSP 36E revised 05/15