AUTHORIZATION TO OPERATE A COMMERCIAL MOTOR VEHICLE WHILE USING A PRESCRIPTION

FOR UNIVERSITY OF MINNESOTA FMCSA-COVERED DRIVERS

NAME OF DRIVER: _____

DATE OF BIRTH: _____

The University of Minnesota (UMN) employee listed above holds a U.S. Department of Transportation (DOT) Commercial Driver's License (CDL) and operates a Commercial Motor Vehicle (CMV) with a gross vehicle weight rating of 26,001 pounds or more. This employee is subject to DOT regulations (49 CFR Part 382). The regulations do not permit a driver to operate a CMV while using a prescription without authorization from a prescribing licensed medical practitioner.

The UMN will permit this driver to operate a CMV while using a prescription ONLY after this form has been completed and returned. Without it, the employee is not permitted to operate the CMV while using a prescription. 49 CFR Part 382.213(d) allows the UMN the authority to obtain this information.

AUTHORIZATION TO DRIVE

I am a licensed medical practitioner and I understand that the employee listed above is a driver subject to DOT regulations (49 CFR Part 382), and that they operate a Commercial Motor Vehicle that has a GVWR of 26,001 or more pounds. For medical reasons, I have prescribed the following medications:

To my knowledge, this driver takes no other prescriptions. It is my determination that this driver may safely operate a Commercial Motor Vehicle while using the medication(s) listed above.

Licensed Medical Practitioner (Print Name): _____

Phone: _____ Fax: _____

Signature: _____ Date: _____

OR:

By my signature below, I indicate that I am not currently using any prescription medications. I understand that if I am required to take a prescription in the future, I will submit a revised form, as stated in University of Minnesota's policy for DOT-covered employees.

Applicant/Employee Signature: _____ Date: _____