



Review of Services

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The Story behind CMS . . .

Corporate Medical Services was incorporated in the state of Tennessee on October 1, 1995. CMS began with a lot of prayer, \$3,000 and an old laptop computer. The \$3,000 was quickly gone, the computer lasted eight months, but the prayer has served and will serve as the vital component. In fact, because of prayer, there has developed a continual focus on a particular Bible scripture verse in the 14th chapter of Genesis. It served as the basis of our operational direction then and continues to do so today.

The scripture details the time in history that Lot was living in Sodom. He and the majority of the city were taken captive. Abram, his relative, took the trained men in his household and retrieved his relative, the others and all of the goods taken as captive. When he returned, he first gave one-tenth to Melchizedek, a priest serving as the representative of God (King of Salem). When Abram came to the King of Sodom, the King told him, "Give me the people and keep the goods for yourself." Abram responded, "I have raised my hand to the LORD, God Most High, Creator of heaven and earth, and have taken an oath that *I will accept nothing* belonging to you, not even a thread or a thong of a sandal, *so that you will never be able to say, "I made Abram rich."*

It is on that basis that CMS was founded. It is on this foundation that CMS shall stand. Since October 1, 1995 through this day, CMS has, to some extent, given back through several ministries. Further, CMS has never solicited a single client. When the needs have arisen, God has provided. CMS does not survive on our individual skills or abilities. CMS survives by the will of God. It is to His interest that the business shall continue and it is His interest that CMS shall serve. To God be the honor and glory.

Core Values:

1. CMS and its employees strive to practice ethical standards of business conduct such that they honor and glorify God.
2. Interpersonal interactions between both CMS employees and their clients is to reflect an eagerness to empathetically challenge each other to the best possible service and product while maintaining core value number one.

CMS Today . . .

Corporate Medical Services has over the years held to "The Story" and core values. Even though we do not actively solicit business, it continues to find us. Each year for the past fifteen years, CMS has shown growth in every aspect of our business which include MRO services, TPA Services, Special Services and MedFiles.

MRO Services not only review for our clients but also for about 30 medical clinics and TPA's who have chosen to outsource these services. In total, **last year CMS reviewed 100,000 plus drug screens.**

TPA Services which seems to have become over the years a link between MRO Services and payment of Drug Screen Collection, BAT's and Physical Exam fees at the clinics. **Last year, CMS processed just under 25,000 physicals and 2,000 breath alcohol screens.**

Special Services is not just for post accidents anymore. This service has been utilized by many companies who believe it is cheaper to have a prospective driver do a drug screen and physical locally before they put him/her on a bus to bring him/her across the country for orientation. These companies find that the small charge for administration is greatly offset by the expense related to the handful of unqualified drivers brought to orientation site, housed, fed and sent home all at company expense. It also shortens required orientation time for drivers by already having completed the physical and drug screen so they can be seated in a truck.

Special Services is also available 24 hours / 365 days for post accident services and is easily accessed by calling the "800" number.

MedFiles is the processing of the complete Medical File and is customized by each participating client. MedFiles clients are limited to companies with 250 or more drivers. (*Details later*)

In relation to managing drug screens, drug screen collections, DOT physical exams and Breath Alcohol Screens . . .

. . . *MedFiles* is limited only by

Your Imagination

1. **CMS MedFiles offers two (2) ways to enter data into the system.**
 - A) **WebSite** (Page 14)
 - C) **Mass** (For orientation classes) spreadsheets for single locations may be emailed
2. Data from all sources are processed every five (5) minutes.
 - A) Data is imported into MedFiles Tracking System
 - B) Clinic notifications are queued and faxed
 - C) Clinic fax receipt is automatically time stamped and entered into tracking log
3. A Status report is generated at 10:00 AM; 2:00 PM and 4:00 PM daily and emailed to as many company contacts as required.
4. For service documentation not received within 2 hours of the appointment time, CMS staff contacts the clinic to insure patient arrival and completion of services.
5. *If the company chooses, the **CMS FaxTags** provides immediate copies of documents faxed from the clinic to CMS by assigning a unique fax number for the company's documents that is received by CMS's system and electronically converted into a PDF file and emailed to the client. This is available for Chain of Custody Forms, BAT's and Physical Forms.*
6. *If the client chooses, **Physical Review** is provided and recommendation made as to the physical qualification of the prospective driver based on both your company's and the DOT Guidelines.*

CMS Services



It is one thing to have all of the blocks!

Hair Screen (Drugs)

Obstructive Sleep Apnea

Web Reporting

Nationwide 24/7
Special Service

Free Random
Program

Bundled Fees

E-Mail Reporting

Qualified MRO

Clinic Coordination

In business since 1995

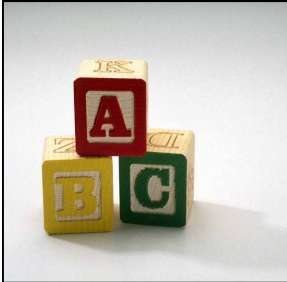
No Voice Mail

Knowledgeable Staff

MedFiles

Drug Screening

CMS Standard Services



It is one thing to have all of the blocks!

Drug Screening

CMS maintains relations with four (4) SHAMSHA certified labs. The two primary labs are ATN and MedTox. All drug screening and MRO is done in compliance with 49 CFR Part 40.

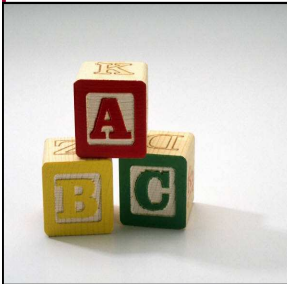
Qualified MRO

Mark W. Peterson, MD has been associated with CMS for a decade as our Medical Review Officer. This package contains a full vita for Dr. Peterson.

A collection of ten colorful, tilted text boxes arranged in a circular pattern, each containing a service or feature:

- Web Reporting
- Nationwide 24/7 Special Service
- Hair Screen (Drugs)
- Free Random Program
- Bundled Fees
- Clinic Coordina-
- MedFiles
- Knowledgeable Staff
- No Voice Mail
- Obstructive Sleep Apnea
- E-Mail Reporting
- In business since 1995

CMS Standard Services



Bundled Fees

It is one thing to have all of the blocks!

CMS writes between 450 and 500 checks monthly to clinics providing services for our clients. All fees for Drug Screens, Drug Screen Collections, BAT's and DOT Physical Exams are packaged into an easy to understand monthly invoice.

Knowledgeable Staff

CMS's Staff includes both certified Medical Assistants and Medical Review Assistants with combined experience total nearly 3 decades.

Web Reporting

Hair Screen (Drugs)

Nationwide 24/7
Special Service

Free Random
Program

Clinic Coordination

E-Mail Reporting

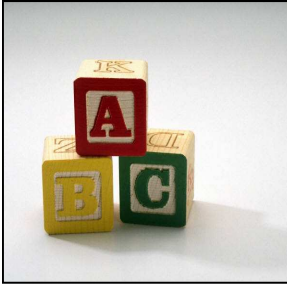
In business since 1995

No Voice Mail

MedFiles

Obstructive Sleep Apnea

CMS Standard Services



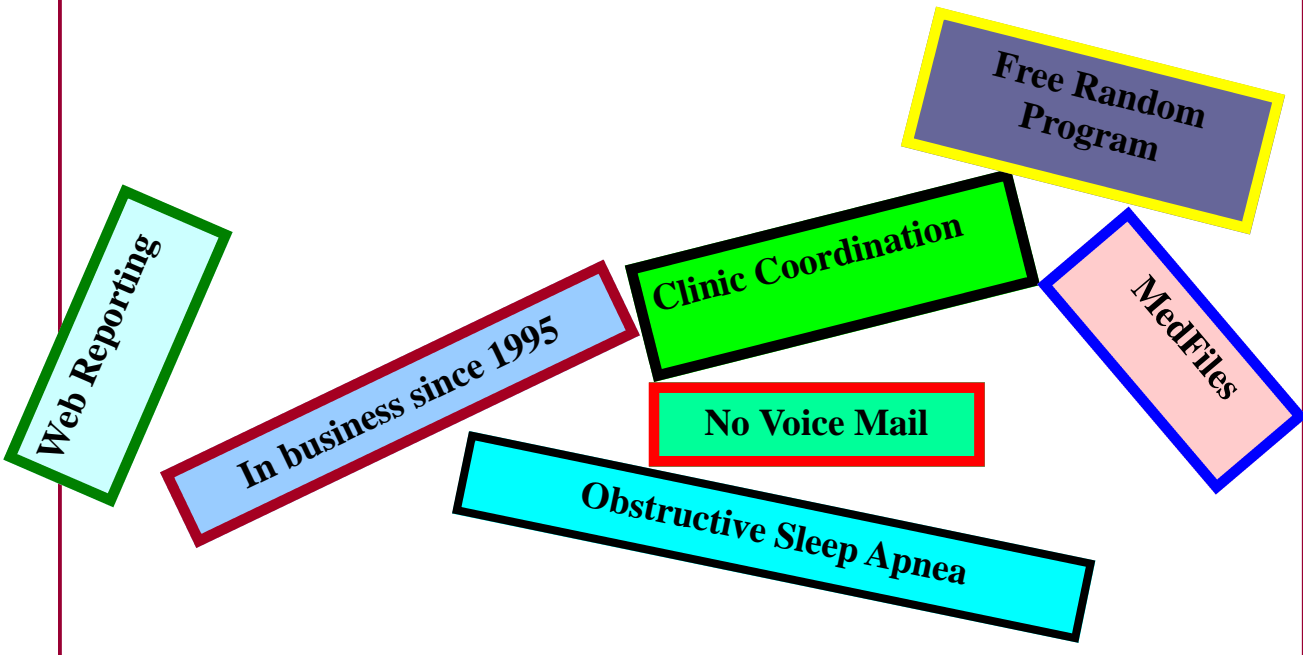
It is one thing to have all of the blocks!

Nationwide 24/7 Special Service

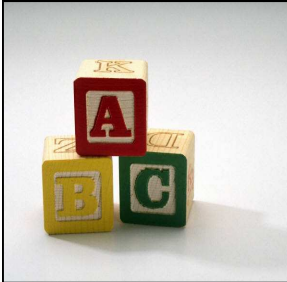
Special Services was discussed earlier on page 3. Some companies use it extensively and others prefer to “handle their own.”

E-Mail Reporting

You may choose the method that CMS uses to report drug screens to you. Choices are: phoning and mailing the results, autofax, emailed or web reporting.



CMS Standard Services



It is one thing to have all of the blocks!

Free Random Program

All clients of any size are invited to use CMS's Random Selection Program. This is not a consortium service, however CMS does also provide that service where required. The client emails a driver list in a spreadsheet. CMS imports the data into the Random Selection software; selects the number of drivers requested by the company and sends a PDF file report of the selected drivers back to the client.

Obstructive Sleep Apnea

OSA is one of the fastest growing topics in trucking. CMS has developed the **S.S.S.** as a system to provide a quality turn-key response to OSA including a quality sleep study to the delivery of an APAP all within days. Go to <http://corporatemedicalservices.com> under the "Our Services" tab, click on **Obstructive Sleep Apnea** and download the PDF file at the bottom of the page titled, **S.S.S.-SLEEP-STUDY.PDF.**

Hair Screen (Drugs)

Web Reporting

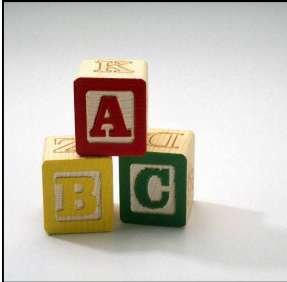
In business since 1995

Clinic Coordination

MedFiles

No Voice Mail

CMS Standard Services



It is one thing to have all of the blocks!

Web Reporting

All clients may request a user name and password to access results via CMS's MedFiles System. Non-MedFiles clients may only access drug screen results. MedFiles clients have open access to Drug Screens Results, Chain of Custody Forms, Breath Alcohol Forms and DOT Physical Exams.

Clinic Coordination

CMS maintains a database of more than 11,000 clinics in the United States. If a client chooses to use a particular clinic, CMS will make financial arrangements for the clinic to provide services on behalf of the client. CMS will make every effort to assure the clinics that the services will be used at least once per month.

MedFiles

MedFiles is CMS's services tracking program. Possible services include; choice of two methods to order services; clinic notification; CMS staff phone confirmation of arrival and services provided; 3 times per day status reports emailed to the client; Web access to all data and a CD of all services each month.

In business since 1995

No Voice Mail

Since 1995, CMS has had a focus on PERSONAL customer services. We have held, to the best of our abilities, to that tradition every day since. **If you call CMS, a real person will answer the phone and do everything possible to resolve your request.**



It is altogether another to make them stack for your Company.

**Your
Company**

No Voice Mail	Hair Screen	Clinic Coordination	Knowledgeable Staff
	Web Reporting		
Qualified MRO	E-Mail Reporting	Bundled Fees	MedFiles
In business since 1995	Free Random Program	Obstructive Sleep Apnea	Nationwide 24/7 Special Service

CMS have the building block to match Your Company's Requirements for a successful program.



Medical Review Officer

Mark W. Peterson, MD

For the past ten (10) years, Corporate Medical Services, Inc. is pleased to have had Mark W. Peterson, MD as our Medical Review Officer. Unlike most MRO's, Dr. Peterson's background in Addiction Medicine preceded the Federal Government's mandate for "Medical Review Officers."

PROFESSIONAL TRAINING University of Tennessee at Chattanooga (BS '71)
Northwestern University Medical School (MD '74)
University of North Carolina (Psychiatric Residency 75-78)

QUALIFICATIONS Diplomat, National Board of Medical Examiners
Board Certified in Psychiatry ('80)
Certified, Addiction Medicine ('87)

CERTIFICATIONS MRO Alert Training Program
American Society of Addiction Medicine
Medical Review Officer Certification ('98)

PUBLICATIONS "Depression & its Treatment"
NRMC Japan Medical Newsletter ('78)
"Imipramine Treatment for Hypersomnia"
American Journal of Psychiatry ('79)

MEMBERSHIPS American Psychiatric Association
American Medical Society on Alcoholism & Other
Drug Dependencies

LICENSURE Georgia MD 32019
Tennessee MD 10978
Alabama MD 10026

MedFiles Web Based Services



<http://medfiles.corporatemedicalservices.com/>

- ✓ Available 24/7/365
- ✓ User & Password Protected

See Sample Web Screens on following
pages

MedFiles Services (Entry) Set-Up Screen

Service Requested By: Dick Phillips

First & Last Name: First Name Last Name

SS#: ###-##-####

Collection Site: Select Collection site or Special Service

Appointment Time & Date: 06:00 AM
 06:30 AM
 07:00 AM
 07:30 AM
 08:00 AM
 08:30 AM
 09:00 AM
 09:30 AM
 10:00 AM

July	August 2007						September
Sun	Mon	Tue	Wed	Thu	Fri	Sat	
29	30	31	1	2	3	4	
5	6	7	8	9	10	11	
12	13	14	15	16	17	18	
19	20	21	22	23	24	25	
26	27	28	29	30	31	1	
2	3	4	5	6	7	8	

Test Reason & Services Requested: Follow up
 Post Accident
 Preemployment
 Random
 Reasonable Cause

Available Services:
 Drug Screen Requested
 Breath Alcohol Requested
 Physical Requested

Note: The following Dispatcher CC is Optional

Quick Pic: Enter new dispatcher or Select from this list

Dispatcher First & Last Name:

Dispatcher Email:



MedFiles Drivers Screen

CMS Corporate Medical Services Driver Services

Logout
MedFile Entry
MedFiles
Results
Drivers
Membership
Change Password
Contact Us

Date Of Service	SSNO	Name	Reason For Service	Description
Tue 01-16-2007	002-9150	CLOU [REDACTED]	AEL Random	Physical
Thu 04-19-2007	002-9150	CLOU [REDACTED]	AEL Random	Drug Screen
Tue 05-08-2007	002-9150	CLOU [REDACTED]	AEL	Drug Screen
[REDACTED]	002-9150	CLOUG [REDACTED]	EL SR.	Chain Of Custody Form
Wed 07-11-2007	002-9150	CLOUG [REDACTED]	EL SR.	Breath Alcohol Test

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07/11/2007 18:37 4238212698

U.S. DEPARTMENT OF TRANSPORTATION (DOT)
Alcohol Testing Form

STEP 1: TO BE COMPLETED BY ALCOHOL TESTER

A. Employee Name: [REDACTED]
B. SSN or Employer ID: [REDACTED]
C. Employer Name: [REDACTED]
Street: [REDACTED]
City, ST ZIP: Chattanooga, TN 37419
D. Reason for Test: [REDACTED]

STEP 4: TO BE COMPLETED BY EMPLOYEE
I certify that I am about to submit to alcohol testing required by the Department of Transportation and that the identifying information provided on this form is true and correct.

07/11/2007 18:37 4238212698

109340159

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYEE REPRESENTATIVE
A. Employer Name: [REDACTED]
B. MRO Name, Address, Phone and Fax No.: [REDACTED]
C. Donor SSN: [REDACTED]
D. Reason for: [REDACTED]
E. Drug Tests to be Performed: [REDACTED]
F. Collector Site Address: [REDACTED]

STEP 2: COMPLETED BY COLLECTOR
I certify that I have provided the information requested on this form and on the label attached to each specimen bottle used and that the identifying information provided on this form and on the label attached to each specimen bottle used is true and correct.

CMS Corporate Medical Services

5450 Caplan Blvd
Chattanooga, TN 37415
(423) 675-6701 (800) 601-0111
Fax: (423) 675-7888

Employee Name: [REDACTED]
Address: [REDACTED]
City: [REDACTED]
State: [REDACTED]
Zip: [REDACTED]

Medical Examination Report FOR COMMERCIAL DRIVER FITNESS DETERMINATION 649-F (8045)

1. DRIVER'S INFORMATION
Driver's Name (Last, First, Middle): [REDACTED]
Age: 32
Sex: M
New Certification: [REDACTED]
Date of Exam: 6/19/07
Address: 676 Woodman Dr.
City, State, Zip Code: [REDACTED]
Work Tel: () [REDACTED]
Home Tel: (423) 604-1111
Driver License No.: [REDACTED]
License Class: A
State of Issue: FLORIDA

2. HEALTH HISTORY
Driver completes this section, but medical examiner is encouraged to discuss with driver.

Yes No
Any illness or injury in the last 5 years? [REDACTED]
Head/brain injury, disorders or illnesses [REDACTED]
Seizure, epilepsy [REDACTED]
Eye disorders or impaired vision (worn corrective lenses) [REDACTED]
Ear disorders, loss of hearing or balance [REDACTED]
Heart disease or heart attack, other cardiovascular condition [REDACTED]
Heart surgery (valve replacement/types, angioplasty, bypass) [REDACTED]
High blood pressure [REDACTED]
Muscular disease [REDACTED]
Shortness of breath [REDACTED]

Yes No
Lung disease, emphysema, asthma, chronic bronchitis [REDACTED]
Kidney disease, dialysis [REDACTED]
Liver disease [REDACTED]
Diabetes or elevated blood sugar controlled by: [REDACTED]
Insulin [REDACTED]
Nervous or psychiatric disorders, e.g., severe depression [REDACTED]
Loss of, or altered consciousness [REDACTED]

Yes No
Fainting, dizziness [REDACTED]
Sleeping disorders, problems in breathing while asleep, daytime sleepiness, loud snoring [REDACTED]
Strokes or paralysis [REDACTED]
Missing or impaired hand, arm, foot, leg [REDACTED]
Spinal injury or disease [REDACTED]
Chronic low back pain [REDACTED]
Regular, frequent alcohol use [REDACTED]
Narcotic or habit forming drug use [REDACTED]

For any YES answer, indicate onset date, diagnosis, treating physician's name and address, and any current limitation. List all medications (including over-the-counter medications) used regularly or recently.

I certify that the above information is complete and true. I understand that inaccurate, false or missing information may invalidate the examination and my Medical Examiner's Certificate.
Driver's Sign: [REDACTED] Date: 6-19-07

Medical Examiner's Comments on Health History (The medical examiner must review and discuss with the driver any "yes" answers and potential hazards of medications, including over-the-counter medications, while driving. This discussion must be documented below.)



Sample Reports and Forms

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Sample CMS Random Selection Notification	22
Sample Sleep Study Evaluation Report & 90 Day Compliance Report	23



Clinic Fax Service Request

When you initiate a request for service, a 2 page fax is generated to the clinic.

Page 1 is the information the clinic needs to identify to patient.

Page 2 is a Return Coversheet to insure that the clinic identifies the patient correctly to CMS.

		5490 Dayton Blvd Chattanooga, TN 37415 (423)-870-0701 (800)-501-0129
Request for Services		
To:	U.S. HEALTHWORKS 7360 W. FRIENDLY AVE. STE.102 GREENSBORO, NC 27410 Telephone: (336) 218-8813 Fax: (336) 218-8867	
[Redacted] has requested that arrangements be made for:		
D:	[Redacted] X	
SSNO:	238 [Redacted] 67	
Appointment Time:	8/8/2007 10:30:00 AM	
for the following services:		
Reason: Random		
<input checked="" type="checkbox"/> DOT Breath Alcohol Screen <input checked="" type="checkbox"/> DOT Drug Screen		
THE PATIENT MUST ANSWER THE QUESTIONS ON THE "RETURN FAX COVER SHEET", SIGN AND DATE THE FORM BEFORE A PHYSICAL IS TO BE CONSIDERED COMPLETED.		
PLEASE INCLUDE THE "RETURN FAX COVER SHEET" WITH ANY DOCUMENT(S) SENT TO CMS.		

Clinic Return Fax Coversheet

		5490 Dayton Blvd Chattanooga, TN 37415 (423)-870-0701 (800)-501-0129
Return Fax Cover Sheet		
If you have questions, please call (800) 501-0129		
From:	Fax To:	
U.S. HEALTHWORKS 7360 W. FRIENDLY AVE. STE.102 GREENSBORO, NC 27410 Telephone: (336) 218-8813 Fax: (336) 218-8867	Corporate Medical Services (423) 870-6489	
PATIENT INFORMATION	DOU [Redacted] X	
	238 [Redacted] 67	
	[Redacted] a	
Patient to complete and sign before faxing to CMS		
List any Workers Compensation Claim during the past ten (10) years.		
Any Workers Compensation Rating? Yes <input type="checkbox"/> Any "Service Related" disability (VA or other)? Yes <input type="checkbox"/> Have you failed a DOT Physical? Yes <input type="checkbox"/> Have you failed a drug or alcohol screen? Yes <input type="checkbox"/> Have you ever been admitted to an alcohol and/or drug treatment program? Yes <input type="checkbox"/> List all Prescription Medications and/or "Over the Counter" medications taken on a regular basis.		
All information above and contained within the attached Physical Examination Form (if applicable) is correct and true to the best of my knowledge. By my signature below, I release the information contained herein for the purposes of employment including any requirements or restrictions under the Health Insurance Portability and Accountability Act (HIPAA).		
SIGNATURE _____	DATE _____	TIME _____
Phone Number _____	64337 -17110	
<i>Thanks In Advance For Your Assistance!</i>		



MedFiles

Physical Exam Evaluation

(Optional)



Physical Exam Evaluation

Medical Examination Report
FOR COMMERCIAL DRIVER FITNESS DETERMINATION

Driver completes this section.

0101.01 DRIVER'S INFORMATION

Driver's Name (Last, First, Middle): _____ Social Security (No.): _____ Birthdate: _____ Age: _____ Sex: M F Other _____

Address: _____ City, State, Zip, Code: _____ Work Tel: () _____ Home Tel: () _____ Driver License No.: _____

Visual Certification: Yes No
 Rehabilitation: Yes No
 Follow Up: Yes No

Class of Exam: A B C D Other _____

2 HEALTH HISTORY Driver completes this section, but medical examination encouraged to discuss with driver.

Yes/No	Yes/No	Yes/No
02.01.00 Any illness or injury in last 5 years?	02.1.00 Lung disease, emphysema, other chronic bronchitis	02.19.00 Painful circulation
02.02.00 Head/Brain injuries, disorders or diseases	02.2.00 Coronary disease, diabetes	02.20.00 Seizure disorders, disorder in head/leg/hand
02.03.00 Strokes, seizures	02.3.00 Liver disease	02.21.00 Alcohol, caffeine, depressants (but not tobacco) or previous
02.03.01 Medication	02.4.00 Kidney problems	02.22.00 Use of any prescription, over-the-counter, or natural
02.04.00 Eye disorders: cataracts, glaucoma, other eye conditions	02.5.00 Diabetes (insulin/diet/other) controlled by:	02.23.00 Leg length/limb
02.05.01 Medication	02.5.01 diet	02.24.00 Partial leg/limb disease
02.05.02 Medication	02.5.02 pills	02.25.00 Chronic low back pain
02.06.00 Heart surgery (valve, mitral, coronary bypass, angioplasty, pacemaker)	02.5.03 Insulin	02.26.00 Requires frequent second urine
02.06.00 High blood pressure <input type="checkbox"/> medication	02.6.00 Nervous or psychiatric disorders (e.g., severe depression)	02.27.00 Seizure or habit forming drug use
02.07.00 Hospital disease	02.7.00 Medication _____	
02.08.00 Diseases of mouth	02.7.01 Use of all these medications _____	

For any YES answer, indicate onset date, diagnosis, treat/physician's name and address, and any current limitations. List all medications, including over-the-counter medications, used presently or recently.

02.28.00 _____

I certify that the above information is complete and true. I am first and last name, title or mailing information on individual to be examined and my Medical Examiner's Certificate.

02.27.00 _____
Driver's Signature _____ Date _____

02.28.00 Medical Exam Fees Comments on Health History (The medical examiner has reviewed diseases with the driver's "yes" answers and potential hazards of medications, including over-the-counter medications, while driving.)

MedFiles

Physical Exam Evaluation (Optional)

TESTING (Medical Examiner completes Section 3 through 7)

3.01.00 **3. VISION** Standard: At least 20/40 acuity (5/110 ft) in each eye with or without correction. At least 7° peripheral in horizontal meridian measured in each eye. This use of corrective lenses should be noted on the Medical Examiner's Civil File.

INSTRUCTIONS: When other than the Snellen chart is used, indicate results in Snellen-comparable values. In recording distance vision, use 20 feet as normal. Report visual acuity as a ratio with 20 as denominator and the smallest type read as 30 feet as denominator. If the applicant wears contact lenses, those should be noted while visual acuity is being tested. If the driver habitually wears contact lenses, or intends to do so while driving, sufficient evidence of good tolerance and adaptation to their use must be obtained. Monocular drivers are not qualified.

Numerical readings must be provided:

ACUITY	UNCORRECTED	CORRECTED	HORIZONTAL FIELD OF VISION
Right Eye		03.01.00	03.02.00
Left Eye			
Both Eyes			

Applicant can recognize and distinguish among traffic control signals and devices altering standard red, green, and amber colors? **03.03.00**

Applicant meets vision acuity requirements only when wearing: corrective lenses. No

Complete this line only if vision testing is done by an optometrist or optician:

Name of Examiner: _____ Title: _____ License No./State of Issue: _____ Signature: _____

4. HEARING Standard: a) Must first perceive forced whispered voice 2-3 ft., with or without hearing aid, or b) average hearing loss in better ear \leq 40 dB

Check hearing aid used for test. Check hearing uncorrected (same standard)

INSTRUCTIONS: To convert audiometric test results from dB HL to ASEL: -44 dB from 150 Hz to 1,000 Hz, -4.5 dB for 2,000 Hz. To average, add the readings for 3 frequencies, second and divide by 3.

Numerical readings must be recorded:

a) Record distance from which voice whispered (can be heard)	b) Audiometer is used record hearing (Specify device, per to ANSI Z39.5-1951)
04.01.00	04.02.00

5. BLOOD PRESSURE / PULSE RATE Numerical readings must be recorded.

GUIDELINES FOR BLOOD PRESSURE EVALUATION Within 3 months

On initial exam	3 mos. only	Annually if acceptable BP is maintained	Annually
#1: \leq 05.01.00	#1: \leq 05.01.01	Annually if acceptable BP is maintained	Annually
#2: \leq 05.01.02	#2: \leq 05.01.02	Annually if acceptable BP is maintained	Annually

6. LABORATORY AND OTHER TEST FINDINGS Numerical readings must be recorded

Urinalysis is required. Photos, blood or sugar in the urine may be an indicator for further testing to rule out any underlying medical problems.

Other Testing (Describe and record):

URINE SPOKES	BP OR PROTEIN	BLOOD SUGAR
06.01.00	06.02.00	06.03.00

06.05.00

CONDITIONS RELATED TO THE HEART
ARRHYTHMIA: RELEASE FROM THE CARDIOLOGIST THAT THE CONDITION WILL NOT CAUSE INCAPACITATION.
SEPTAL WALL DEFECT REPAIRED IN CHILDHOOD: (1) ASYMPTOMATIC AND ON NO CARDIAC MEDICATIONS. (2) NO EVIDENCE OF A MURMUR. (3) NORMAL HEART SOUND. (4) NORMAL RESTING AND EXERCISE EKG AND (5) NORMAL HEART SIZE (IF THE DRIVER DOES NOT HAVE DOCUMENTATION OF THE LAST 2 ITEMS, PERFORM THE X-RAY AND EKG TO DOCUMENT.

02.06.01 Medications

NOTES: 07.05.00

02.07.00 Heart Surgery (valve replacement/bypass, angioplasty, pacemaker)

GUIDELINES: SEE PE FOR SPECIFIC GUIDELINES

NOTES: PACEMAKER: HAVING A PACEMAKER DOES NOT IN ITSELF DISQUALIFY A DRIVER. EVALUATE THE UNDERLYING CONDITION THAT MADE THE INSERTION OF THE PACEMAKER NECESSARY. THIS REQUIRES ALL RECORDS FROM THE CARDIOLOGIST. 49 CFR PART 391.41(b)(4) REQUIRES THAT A DRIVER WITH ANY CARDIAC CONDITION THAT IS OF A VARIETY KNOWN TO BE ACCOMPANIED BY SYNCOPE, DYSPNEA, OR COLLAPSE BE DISQUALIFIED. THE DOT CONFERENCE ON CARDIAC DISORDERS AND COMMERCIAL DRIVERS COVERS CONDITIONS OF THESE TYPES AND THEIR AFFECT ON THE DRIVER'S ABILITY TO BE QUALIFIED. AS THE DOT HAS MADE VERY CLEAR, THE PRESENCE OR ABSENCE OF A PACEMAKER PLAYS NO ROLE IN DETERMINING QUALIFICATION. SECOND DEGREE TYPE II AND THIRD DEGREE HEART BLOCK SHOULD BE DISQUALIFYING BECAUSE OF THE RISK OF SUDDEN DEATH OR INCAPACITATION. ANY DRIVER WHO HAS SUFFERED CARDIAC DEATH OR CARDIAC ARREST AND SURVIVED SHOULD NOT BE CONSIDERED QUALIFIED IRRESPECTIVE OF THE SUCCESS OF SUBSEQUENT THERAPY. REFER TO THE CONFERENCE FOR INFORMATION ON BRADYCARDIA (SICK SINUS SYNDROME), DYSRHYTHMIAS, TACHYDYSRHYTHMIAS, AND OTHER CONDITIONS ASSOCIATED.
SEPTAL WALL DEFECT REPAIRED IN CHILDHOOD: (1) ASYMPTOMATIC AND ON NO CARDIAC MEDICATIONS. (2) NO EVIDENCE OF A MURMUR. (3) NORMAL HEART SOUND. (4) NORMAL RESTING AND EXERCISE EKG AND (5) NORMAL HEART SIZE (IF THE DRIVER DOES NOT HAVE DOCUMENTATION OF THE LAST 2 ITEMS, PERFORM THE X-RAY AND EKG TO DOCUMENT.

02.08.00 High blood pressure

GUIDELINES: SEE BLOOD PRESSURE NOTES AND PE.

NOTES: ONE OF THE PRIMARY CONCERNS WITH THIS CONDITION IS THE AFFECTS OF THE MEDICATION INCLUDING POSTURAL HYPOTENSION. EVALUATE ALL MEDS TO ENSURE THEY WILL NOT INTERFERE WITH THE DRIVER'S ABILITY TO DRIVE, LOAD, AND UNLOAD SAFELY. 49 CFR 391.43 (E)(6) STATES THAT



MedFiles

Physical Exam Evaluation (Optional)

These forms represent several computer based, pre-formed request for information from treating physicians in reviewing DOT Physical Exams.



Request for Medical Information

LOCATION: Columbus, OH

DATE: 3/1/2006

MUST RESPOND BY: 3/4/2006

Driver: [REDACTED]

SS#: [REDACTED]

Some questions have come up in reviewing your DOT Physical Examination Form. In order to resolve the issues, it is necessary for you to get copies of required documents from your treating physician or pharmacist. Generally, for best results, you should call your doctor's office and let them know that you are going to fax some forms to the doctor that require his review and signature.

The following pages include a FAX COVER SHEET that serves as a HIPPA release (requires your signature) and a cover sheet for the doctor's office to fax the completed documents back to Corporate Medical Services.

QUESTIONS or Requirements

Driver stated he had a back injury.
Does this driver have permanent restrictions?
Does this patient a disability rating?
Hypertension not on current physical.

PLEASE NOTE: This is the only notice you will receive about your physical exam. Your Physical Exam will be rejected on the above date if this is not resolved with CMS.

If you have questions call:
Corporate Medical Services
(800) 501-0129



Request for Medical Information

The patient listed below is in the process of taking a DOT Physical Exam for the purposes of driving a tractor-trailer. There are some unresolved issues we wish you would help us clarify. Thank you in advance for your assistance.

Date	Name	SS#	Respond by Date
3/1/2006	[REDACTED]	[REDACTED]	3/4/2006

★★ Date of Initial Consultation: _____ Date of Initial Treatment: _____ ★★

Head Injuries

Reference D.O.T. Interpretation of 391.41 (b)(6) and D.O.T. "Conference on Neurological Disorders and Commercial Drivers"

Events which led to initial consultation of Treatment (please check box at left)

- Falling (Please explain)
- Hit by an object
- Sudden loss of consciousness (hit head)
- Vehicular accident
- Vertigo / loss of balance (hit head)
- Other (Please Explain)

EXPLANATION: _____

DIAGNOSIS: _____

TREATMENT: _____

MEDICATIONS: _____

- Patient experienced dizziness, drowsiness, syncope, arrhythmia, seizure, or any other side effect that would impair his/her ability to operate a tractor-trailer safely.
- Patient has been taking this medication for prevention of seizure.

PROGNOSIS: _____

- Patient was unconscious for less than 30 minutes.
- Patient had earlier seizure(s)
- Patient has a form of dural penetration (including surgical)
- Patient has recovered from the condition or has been successfully treated.
- Patient is at an increased risk of a future episode which could interfere with his/her ability to operate a tractor-trailer.

★★ YES NO This patient may drive, load and unload a tractor-trailer without restrictions. ★★

Office / Clinic Name _____ Office / Clinic Phone # _____ Today's Date _____

Physician Name _____ Physician Signature _____

Please fax this completed form to:
Corporate Medical Services: (423) 870-6489



Request for Medical Information

The patient listed below is in the process of taking a DOT Physical Exam for the purposes of driving a tractor-trailer. There are some unresolved issues we wish you would help us clarify. Thank you in advance for your assistance.

Date	Name	SS#	Respond by Date
3/1/2006	[REDACTED]	[REDACTED]	3/4/2006

★★ Date of Initial Consultation: _____ Date of Initial Treatment: _____ ★★

Guidelines for DOT Certification Regarding Depression

Depression, and/or the medications used to treat depression, may cause a potential risk for driving, as reflexes and reaction time may be slowed and judgment may be impaired. Depressed patients may lack to drive and motivation necessary for task completion. Of even greater concern is the likelihood that a depressed driver may develop suicidal thoughts. Reports indicate that persons with suicidal tendencies have greater vehicle accident rates. Additionally, medications used to treat mood disorders may cause sedation or impair coordination, particularly as the medication is being initiated and doses are adjusted. Other psychiatric disorders frequently coexist with mood disorders.

According to D.O.T.'s Conference on Psychiatric Disorders and Commercial Drivers: Persons who suffer from severe depression, or who are suicidal at the time of evaluation, should not be qualified to drive commercially. Persons who have experienced a severe depressive episode, a suicidal attempt, or mania episode should be symptom free for one year before reevaluation. Persons who have experienced a nonpsychotic major depressive disorder, unaccompanied by suicidal behavior, who are currently symptom free, should be reexamined within six months and have appropriate specific information outlined below. Individual certification will also depend on current medications used to treat the mood disorder, and clinical impression of stability.

Considering certification and further information is required from treating physician

DIAGNOSIS: _____

MEDICATIONS (Please include dosages): _____

LAST APPOINTMENT AND FOLLOW-UP PLAN: _____

- Patient has experienced a psychosis associated with depression. (please provide dates and durations)
- Patient currently has suicidal or homicidal ideation.
- Patient is currently symptomatic.
- Neither the condition nor the medications used to treat this condition makes this patient unsafe to operate a tractor-trailer.

★★ YES NO This patient may drive, load and unload a tractor-trailer without restrictions. ★★

Office / Clinic Name _____ Office / Clinic Phone # _____ Today's Date _____

Physician Name _____ Physician Signature _____

Please fax this completed form to:
Corporate Medical Services: (423) 870-6489



Random Selection Process

CMS offers two programs to assist transportation companies with random selection to comply with 49 CFR 382.305. Since interpretation varies from state to state, we suggest each company check with their DOT contact to determine which program is better for them based on their particular company's count of safety-sensitive employees.

1. **CMS/dotstop**: A full consortium for owner-operators or smaller companies.
2. **Random Assistance**: A selection process for companies self-managing in-house random programs but not wanting to make the actual driver selection.

The Random Assistance program's steps:

1. Company must determine the average number of drivers for a given year. We suggest they take the count of drivers at the first of each month and average them to come up with the average for the calendar year.
2. On a monthly or quarterly basis, the company is should email a spreadsheet including all active safety-sensitive employees. The spreadsheet should include the following:
 - a. Last Name
 - b. First Name
 - c. Social Security Number
 - d. Location (if required to identify a specific terminal or division for the driver.)
3. Each month, the database is backed up and regenerated for the current month's selections so that no data from prior selection periods are in the current month's table.
4. CMS imports the information for the drivers from the spreadsheet into a Microsoft Access database.
5. A sequence of auto-programmed random selection orders the database table in low to high order of the random generated numbers for the specific company.
6. To meet the request of the company, the selected individuals are made beginning with the lowest random generated number.
7. The Software generates an Adobe (pdf) report that is archived by CMS on a system that is backed up locally and remotely to insure a history of selection for future questions or reproduction.
8. The Adobe (pdf) report is emailed directly to the DER.

Corporate Medical Services, Inc.

5490 Dayton Blvd., Chattanooga, TN 37415
PHONE: (800) 501-0129 FAX: (423) 870-6490
Email: dphillips@corporatemedicalservices.com





Random Selection Form
(Random Selection is free for all CMS Clients)

		5490 Dayton Blvd Chattanooga, TN 37415 (800) 501-0129			
Random Selection List:		8/7/2007			
		TELEPHONE: (201) FAX: (201)			
Name	SS No	D/S	ALC	Date Screened	
ANTHONY	16	Yes	No	<input type="text"/>	
COLA	32	Yes	Yes	<input type="text"/>	
STANLEY	84	Yes	No	<input type="text"/>	
OTHY	85	Yes	No	<input type="text"/>	
WILLIAM	61	Yes	Yes	<input type="text"/>	
	19	Yes	No	<input type="text"/>	
CE	28	Yes	Yes	<input type="text"/>	
GARY	14	Yes	No	<input type="text"/>	
LIAM	06	Yes	No	<input type="text"/>	
MISSA	95	Yes	No	<input type="text"/>	

For CMS to have an accurate list to provide a valid random selection, it is essential that our records are kept up to date. Please EMAIL a complete updated list of employees to karin@CorporateMedicalServices.com (in Excel format) before the 25th of the month. Random lists are generated every Tuesday after 2:00 EST. If your selections are quarterly, it is required only during the month preceding the next selection. DOT and Non-DOT lists need to be in separate attachments.

Evaluation Report

ApneaLink - Report of 10/19/2010 8:27 AM

Treating physician

Patient data

First name:

Name:

Street:

City, ST, Zip:

Phone:

Recording

Date: 10/18/2010

Start: 10:20 PM

End: 5:40 AM

Duration: 7 h 19 min

Referral to

Patient ID: 00008

DOB: 11/19/1957

Size: 5 ft 11 in

Weight: 205.30 lbs

BMI: 28.6 kg/m²

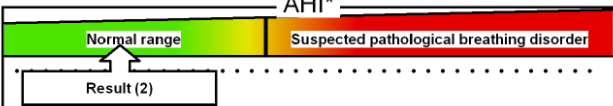
Evaluation

Start: 10:30 PM

End: 5:26 AM

Duration: 6 h 54 min

AHI*



Normal range Suspected pathological breathing disorder

Result (2)

*Points evaluation from AHI (see clinical guide for more details)



Analysis (Flow evaluation period: 6 h 54 min / SpO2 evaluation period: 6 h 56 min)

Indices	Normal	Result
AHI:	< 5 / h	2
RI:	< 5	6
Apnea index:	< 5 / h	0
UA:	0	0
OA:	0	0
CAI:	0	0
MAI:	0	0
Hypopnea index:	< 5 / h	2
% Flow lim. Br. without Sn (FL):	< Approx. 60	47
% Flow lim. Br. with Sn (FS):	< Approx. 40	0
ODI Oxygen Desaturation Index:	< 5 / h	4
Average saturation:	94% - 98%	93
Lowest saturation:	90% - 98%	86
Baseline Saturation:	94 %	94
Minimum pulse frequency:	50 - 70 bpm	47
Maximum pulse frequency:	80 - 90 bpm	225
Average pulse frequency:	bpm	71
Proportion of probable CS epochs:	0 %	0

Analysis parameters used (Default)
 Apnea [20%: 10s; 80s; 1.0s; 20%; 60%; 8%]; Hypopnea [70%; 10s; 100s; 1.0s]; Snoring [6.0%; 0.3s; 3.5s; 0.5s]; Desaturation [4.0%]; CSR [0.5s]

Comments

90 Day Compliance Report

Name:
 Patient:
 Date of Report: 11/5/2010 at 9:36 AM

Statistics
 Serial No.: 22101225727
 Product: S9 Elite

10/28/2010 - 10/28/2010

Device Settings
 Therapy Mode: CPAP Set Pressure: 12.0 cmH2O EPR: Off
 EPR Level: 0.0 cmH2O

Pressure - cmH2O
 Median: 12.0 95th Percentile: 12.0 Maximum: 12.0

Leak - L/min
 Median: 0.0 95th Percentile: 0.0 Maximum: 2.4

AHI & AI - Events/hr

Apnea index: 0.1	AHI: 0.7	Obstructive: 0.1
Central: 0.0	Unknown: 0.0	Hypopnea index: 0.6

Usage

Used Days >= 4 hrs : 1	Used Days < 4 hrs : 0	% Used Days >= 4 hrs : 100
Days not used: 0	Total days: 1	Median daily usage: 6.59
Total hours used: 6.59	Average daily usage: 6.59	



5490 Dayton Blvd., Chattanooga, TN 37415