

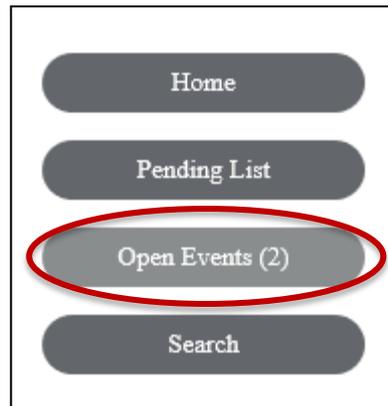


Workflow Solutions
Simple, Secure, Fast

FormFox DOT Physical Exam
Step-by-Step Guide for
PROVIDERS

Open Collections - Provider

Once a provider has logged into FormFox and is ready to open an exam, he/she will pull up the test by clicking on the 'Open Events' button.



Open Collections - Provider

Open the driver's suspended test to access the exam.

Open Events

Filter By

Search where

Equal to

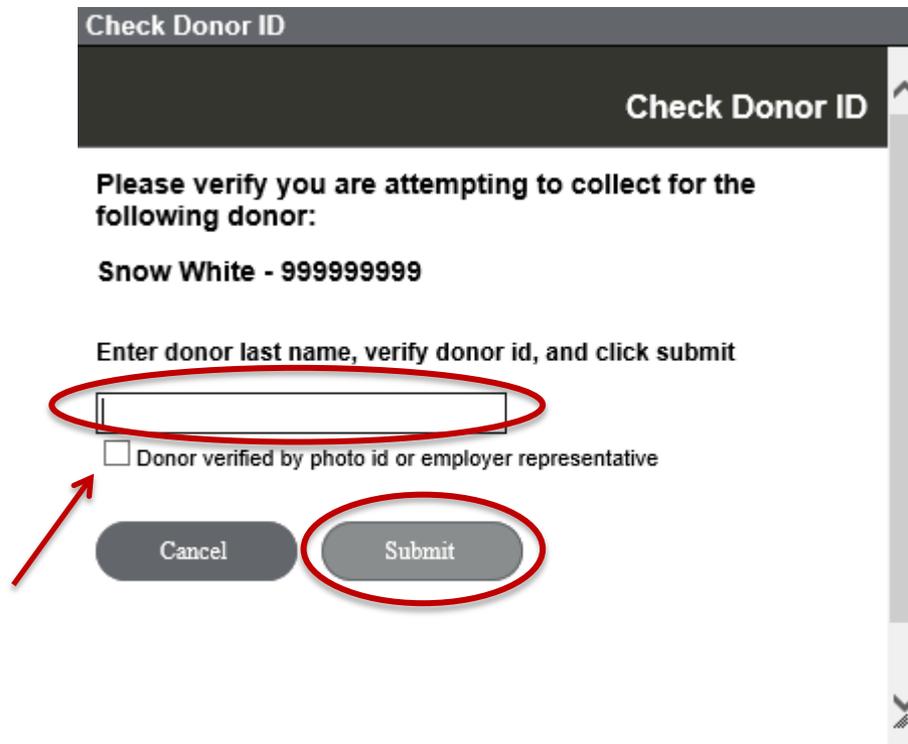
[Pending Determination Exams](#)

Tests highlighted in red need your attention and should be taken care of as soon as possible.

Type	Donor Name	Donor ID	Scheduled Date/Time	Account #	Account Name	DotTest	Status	Collector	Suspended Date/Time	Elapsed Time	
PHY	White, Snow	*****9999	02/20/2018 01:50 PM			Yes	In Process	Jensik, Pamela			Delete
PHY	White, Snow	*****9999	03/27/2018 02:03 PM			Yes	Suspended	Jensik, Pamela	03/27/2018 02:50 PM	00:12	Delete

Driver Validation

The provider will enter the donor's last name into the text field and mark the box indicating that they verified the donor/driver by photo ID or employer representative.



Check Donor ID

Check Donor ID

Please verify you are attempting to collect for the following donor:

Snow White - 999999999

Enter donor last name, verify donor id, and click submit

Donor verified by photo id or employer representative

Cancel Submit

Capture Required Signatures

The Provider will need to enter comments regarding any questions the driver answered 'yes' or 'not sure' to. The questions that require comments will be available for examiner review below. Capture the patient's signature in the History tab and click 'submit' to save the changes. Additionally, the Provider can review all the other tabs prior to opening the Physical Exam tab.



There are responses in the patient history that require examiner comment. Please review the information in the highlighted History tab and make your comments **BEFORE** continuing the examination.

The patient has not yet provided their signature. Please return to the highlighted History tab to obtain their signature **BEFORE** continuing the examination.

* Other Health Condition(s) not described above Yes No

You answered "YES" to a question(s). Please comment further on those health conditions

Q14 - Depression for 15 years. Currently taking 75 mg of Venlafaxine once daily.

Medical Examiner's Comments
Review and discuss pertinent driver answers and any available medical records. Comment on the driver's responses to the "health history" questions that may affect the driver's safe operation of a commercial motor vehicle (CMV).

Enter Comments about Question here.

Patient

Patient Signature

Physical Exam

The physical exam portion will be completed by the Provider. The 'Mark All Normal' button can be used to expedite filling out the form. Marking something 'abnormal' will initiate a pop-up window requesting comments to be provided.

Information History

PHYSICAL EXAMINATION ⓘ

Fields marked with an asterisk (*) are required.

Mark All Normal

Body System	Normal / Abnormal	
* 1. General	<input checked="" type="checkbox"/>	<input type="checkbox"/>
* 2. Skin	<input checked="" type="checkbox"/>	<input type="checkbox"/>
* 3. Eyes	<input checked="" type="checkbox"/>	<input type="checkbox"/>
* 4. Ears	<input checked="" type="checkbox"/>	<input type="checkbox"/>
* 5. Mouth/throat	<input checked="" type="checkbox"/>	<input type="checkbox"/>
* 6. Cardiovascular	<input checked="" type="checkbox"/>	<input type="checkbox"/>
* 7. Lungs/chest	<input checked="" type="checkbox"/>	<input type="checkbox"/>
* 8. Abdomen	<input checked="" type="checkbox"/>	<input type="checkbox"/>
* 9. Genito-urinary system including hernias	<input checked="" type="checkbox"/>	<input type="checkbox"/>
* 10. Back/Spine	<input checked="" type="checkbox"/>	<input type="checkbox"/>
* 11. Extremities/joints	<input checked="" type="checkbox"/>	<input type="checkbox"/>
* 12. Neurological system including reflexes	<input checked="" type="checkbox"/>	<input type="checkbox"/>
* 13. Gait	<input checked="" type="checkbox"/>	<input type="checkbox"/>
* 14. Vascular system	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Discuss any abnormal answers in detail in the space below and indicate whether it would affect the driver's ability to operate a CMV. Enter applicable item number before each comment.

General examination comments

Close Suspend Submit

Abnormal Comment Box

Providers will need to add/edit comments if an abnormal box is marked. Any comments added will appear in the blue highlighted field with a reference to the question number it applies to. Select 'Submit' to continue to the next step.

Add / Edit Comment

Add / Edit Comment

Enter Comments Here. |

Cancel Submit

Discuss any abnormal answers in detail in the space below and indicate whether it would affect the driver's ability to operate a CMV. Enter applicable item number before each comment.

Q6 - Enter Comments about Abnormal answer here.

General examination comments

Close Suspend Submit

Certification

The software will recommend a certification status based on all the data captured in the previous tabs. The provider can make the final decision and change the certification status.

After marking a certification status, the provider will sign by selecting the 'Sign Examination' button. The patient will provide a second signature on this page.

In order to finish an exam, the provider must open and view both the Medical Examination Report (Form MCSA-5875) and the Medical Examiner's Certificate (Form MCSA-5876).

To complete an exam, the provider will click the 'Finish' button before dismissing the driver.

Once an exam is completed, it will be automatically reported to the NRCME on the provider's behalf.

Information History

CERTIFICATION

Note Certification Status Here

Meets standards in 49 CFR 391.41; qualifies for 2 year certificate
 Does not meet standards (specify reason)

Meets standards but periodic monitoring required due to

Enter Comments Here

Driver qualified only for:
 3 months 6 months 1 year Other

Determination Pending (specify reason):
 Return to medical examiner's office for follow up on (must be 45 days or less):
 Medical Examination Report Amended (specify reason below):
 Incomplete Examination (specify reason below):

Reason Text

Medical Examiner's name: Pamela Jensik
Address: 123 Pamda Avenue
City, State, Zip: Pamdaville, UT 55555
Telephone Number: 1234567890

Medical Examiner's Signature *P. Kammerer*

Patient Signature *Patient*

Send Medical Examiner's Certificate to the following email address:
Send Medical Examination Report to the following email address:

Select Medical Examination Report and Medical Examiners Certificate buttons to generate these documents.

Medical Examination Report

Medical Examiner's Certificate

Suspend

Finish

Revisiting Completed Exams

If you would like to revisit an exam that was completed within seven days, you can access the exam by clicking the 'search' button. Click on the Donor ID to open the DOT Physicals Examination Detail Page.

Home

Pending List

Open Events (1)

Search

Type	Donor ID	Donor Name	Collected	Status	Account #	Specimen ID	Account Name	Client Reference ID	Business Owner ID	Paid
PHY	*****9999	White, Snow	3/27/2018	OK						<input type="checkbox"/>

You can re-print the Medical Examination Report and/or the Medical Examiner's Certificate at this time by clicking on either of the buttons found at the bottom of the screen.

Close

Medical Examination Report

Medical Examiner's Certificate

Re-open the exam for editing

Editing a Completed Exam

Only Providers can edit completed exams. (For example, the certification tab can be edited by the Provider.)

Open the exam and click the 'Re-open the exam for editing' button found at the bottom of the screen.



Re-open the exam for editing

If the same provider re-opens the exam and edits the information, there will be no need to re-sign. If a different provider edits the exam, new signatures will need to be captured.

Please Note: A Provider other than the provider that originally completed the exam will change the exam's date from the original date if he/she makes any edits after the completion of the exam.

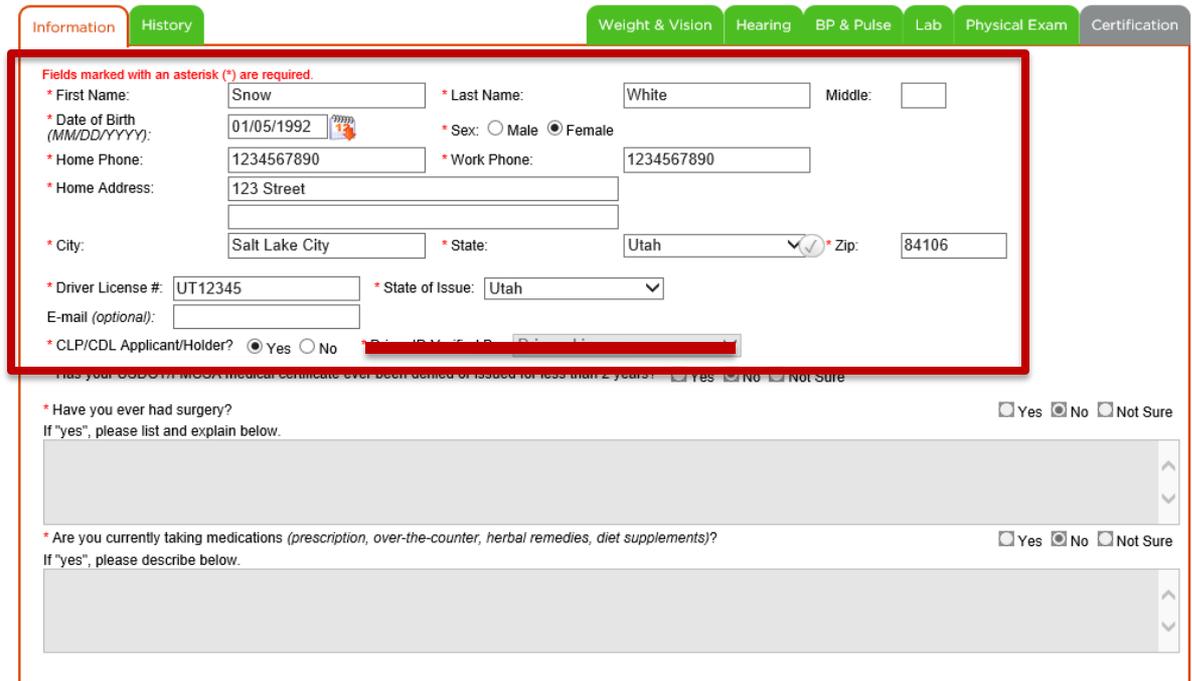
Editing a Completed Exam

If the exam is re-opened for editing, the following fields are available for the examiner/provider to edit.

Information Tab:



- First Name
- Last Name
- Middle Name
- Date of Birth
- Gender
- Home Phone
- Work Phone
- Home Address
- City, State, and Zip
- Driver License #
- State of Issue
- CLP/CDL Applicant/Holder



Information History Weight & Vision Hearing BP & Pulse Lab Physical Exam Certification

Fields marked with an asterisk (*) are required.

* First Name: Snow * Last Name: White Middle:

* Date of Birth (MM/DD/YYYY): 01/05/1992 * Sex: Male Female

* Home Phone: 1234567890 * Work Phone: 1234567890

* Home Address: 123 Street

* City: Salt Lake City * State: Utah * Zip: 84106

* Driver License #: UT12345 * State of Issue: Utah

E-mail (optional):

* CLP/CDL Applicant/Holder? Yes No

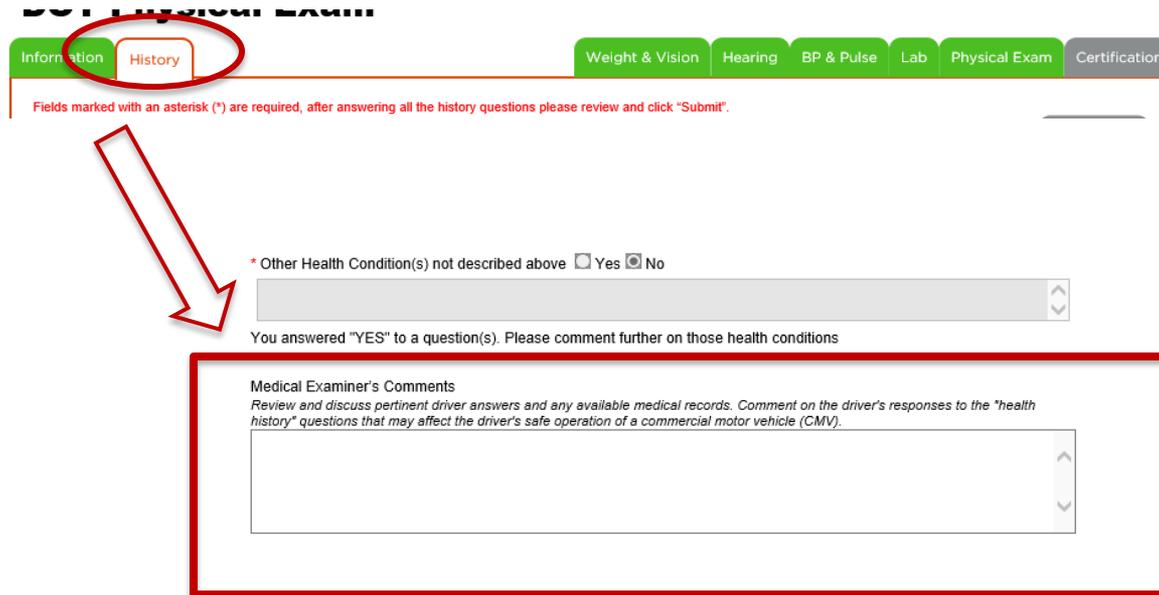
Has your CDCR/MSA medical certificate ever been denied or issued for less than 2 years? Yes No Not Sure

* Have you ever had surgery? Yes No Not Sure
If "yes", please list and explain below.

* Are you currently taking medications (prescription, over-the-counter, herbal remedies, diet supplements)? Yes No Not Sure
If "yes", please describe below.

Editing a Completed Exam

Providers who originally completed the exam can make additional comments in the medical examiner's comment box on the health history tab of the exam.



Information **History** Weight & Vision Hearing BP & Pulse Lab Physical Exam Certification

Fields marked with an asterisk (*) are required, after answering all the history questions please review and click "Submit".

* Other Health Condition(s) not described above Yes No

You answered "YES" to a question(s). Please comment further on those health conditions

Medical Examiner's Comments
Review and discuss pertinent driver answers and any available medical records. Comment on the driver's responses to the "health history" questions that may affect the driver's safe operation of a commercial motor vehicle (CMV).

Patient Signature

Editing a Completed Exam

If any edits were made, the Provider will need to distribute the documents again from the 'Certification' tab. This is done by clicking on the 'Medical Examination Report' and 'Medical Examiner's Certificate' buttons prior to clicking on the 'Finish' button.

DOT Physical Exam

Information History Weight & Vision Hearing BP & Pulse Lab Physical Exam **Certification**

CERTIFICATION

Note Certification Status Here

Meets standards in 49 CFR 391.41; qualifies for 2 year certificate
 Does not meet standards (specify reason)

Meets standards but periodic monitoring required due to Driver qualified only for:
 3 months 6 months 1 year Other

Determination Pending (specify reason):
 Return to medical examiner's office for follow up on (must be 45 days or less):
 Medical Examination Report Amended (specify reason below):
 Incomplete Examination (specify reason below):

Reason Text

Medical Examiner's name: Pamela Jensik
Address: 123 Any Street
City, State, Zip: Salt Lake City, UT 84115
Telephone Number: 3333333333

Medical Examiner's Signature
Patient Signature

Send Medical Examiner's Certificate to the following email address:
Send Medical Examination Report to the following email address:

Select Medical Examination Report and Medical Examiners Certificate buttons to generate these documents.

Medical Examination Report

Medical Examiner's Certificate

Suspend

Finish

Examiner must distribute exam documents



THIS IS A FEDERAL EXAM