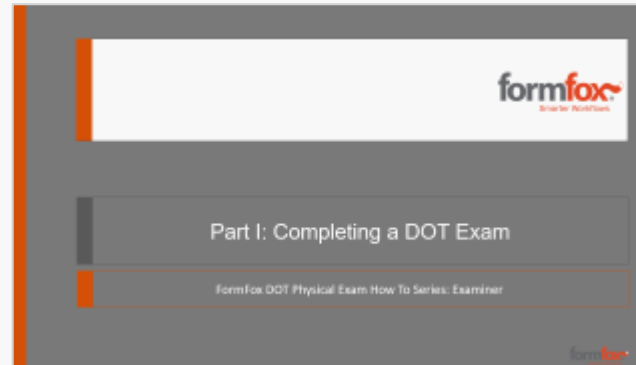


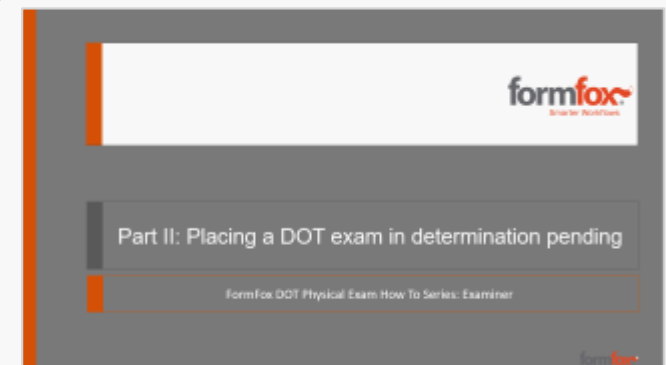
Table of Contents

1



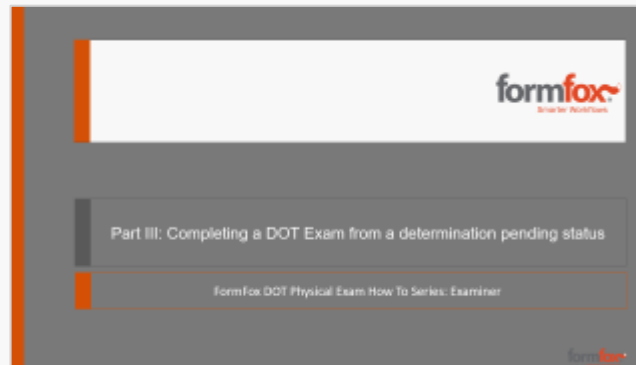
Part I: Completing a DOT Exam

2



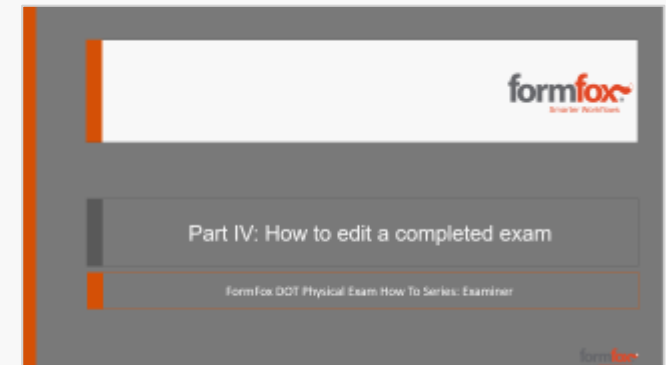
Part II: Placing a DOT exam in
determination pending

3



Part III: Completing a DOT
exam from a determination
pending status

4



Part IV: How to edit a
completed exam

Part I: Completing a DOT Exam

FormFox DOT Physical Exam How To Series: Examiner

FormFox User Details - Examiners

What information is stored under my FormFox login?

- National Registry First and Last Name
- National Registry #
- Examiner Type
- Medical License/Certificate #

If you need to make any updates to your user details, please contact your clinic manager/site administrator.

If you can perform DOT Physical Exams in different states, you must have a medical license/certificate # for each state in your FormFox account.

USER DETAILS

Last Login: 11/05/2020 13:49:52

* Login Name	captivate_examiner
* First Name	captivate
* Last Name	captivate
Middle Initial	
Employee ID	
IP restriction	
Phone	
* Email	training@formfox.com
* Language	English
* Profile	Examiner

☐ FormFox Inactive
☐ Training Mode
☒ Allow POCT
☐ Reset Password
☐ Disable BAT when Certificate expires
☒ Allow Patient Check-In
☐ Expert View
☐ POCT Training
Lab Level Definitions

☒ Examiner will perform DOT physical exams

For the NRCME first and last name fields, use examiner's name exactly as it appears in their NRCME account. This ensures accurate reporting of their exams.

* National Registry First Name	captivate
* National Registry Last Name	captivate
* National Registry #	1234567890
* Examiner Type	MD

NRCME in your user details must exactly match the name listed in your NRCME account.

Delete	BAT Certification #	BAT Certification Date (MM/DD/YYYY)	Certification Expires (MM/DD/YYYY)
<input type="checkbox"/>			

Add New

Delete	Medical License/Certificate#	Issuing State	Expiration Date
<input type="checkbox"/>	1234	UT	1/1/2025
<input type="checkbox"/>		Alabama	

Delete Add New

This user currently has access to the following clinics:

☐ Site

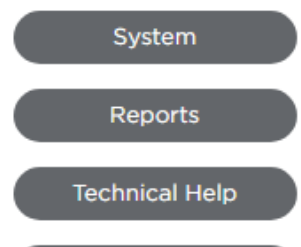
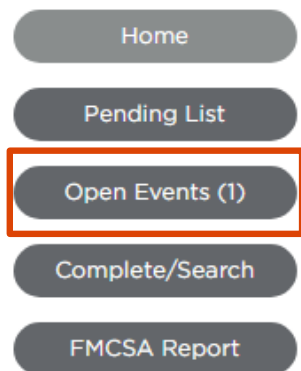
☒ [FormFox Captivate Demo Account](#)

How do I access suspended exams?

Medical Support Staff (MSS) will suspend the DOT Physical Exam after they are done collecting/reviewing the patient's information, health history, and vitals. Suspended exams are stored in **Open Events**.

Click on the **Open Events** button when you are ready to open the patient's exam.

If you are responsible for collecting/reviewing patient information, health history, and vitals, please view our DOT Physical Exam training for Medical Support Staff.



What did the patient bring in?



Authorization Form or Mobile Device

What do you want to do?



Breath Alcohol Test

Shortcuts



Use Your Account Book

OR



New
Occupational Health Services

OR



Use Your Favorites List



Patient Check-In

Open Events

All Events: This view shows test events that are either *in process* (MSS/examiner is currently working on the event) or *suspended*. This list is where you will pull DOT Physical exams ready for the exam and certification.

Exams pending determination: Exams placed in pending determination will be stored in this list for the 45-day waiting period.

Exams pending driver signature: If the patient opted to sign their amended exam via text, exams waiting on the patient to sign will appear in this list. Once the patient signs, the completed exam will be moved to the Complete/Search list.

Open Events

Click here to view

- ☒ All events
- ☐ Exams pending determination
- ☐ Exams pending driver signature

The grid below displays the status of events at your clinic.

Filter Events by Status All Tests

Search Events Using Donor ID of Search

Type	Authorization #	Donor ID	Donor Name	Scheduled Date/Time	Account #	Account Name	DotTest	St
PHY	900262	*****9999	Fox, Fred	11/10/2020 08:51 PM			Yes	Si

Verify the patient

Verify the patient by typing the last name in the text field and selecting the checkbox confirming that they have been verified by photo ID or employer representative.

TEST IN PROGRESS

Check Donor ID

Verify you are collecting for this Donor:

Fred Fox - 999999999

Enter donor's last name, verify donor's ID, and click 'Submit'.

☐ Donor verified by photo ID or employer representative.

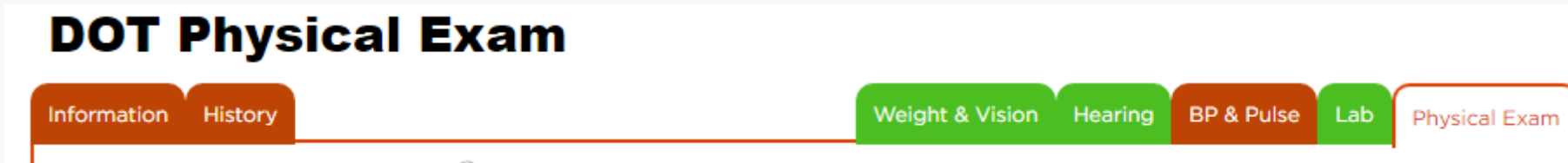
Cancel

Submit

What do the tab colors mean?

As an examiner, you will have access to all tabs in the workflow. Please take a moment to review the information in each tab with the patient prior to moving forward with the physical exam.

- **Orange Tab:** Comments or data in these tabs might affect the overall certification. Please review these tabs before assigning a certification.
- **Green Tab:** Comments or data entered in these tabs are within the normal range.
- **White Tab with Orange Text:** The tab you are currently working on.



Medical Examiner Comments

Please review the **Information** and **History** tabs prior to performing the Physical Exam.

On the **History tab**, if the patient answered "Yes" or "Not Sure" to any of the 32 questions listed, their responses would appear in the comments section. As the examiner, you will provide a comment for each question that appears in this section. Click on the **Click Here link** to add a comment.

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

Do you have or have you ever had:

Yes	Not No Sure		Yes	Not No Sure	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> *	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> *
		1. Head/Brain injuries or illnesses (e.g., concussion)			16. Di
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> *	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> *
		2. Seizures, epilepsy			17. Ur
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> *	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> *
		3. Eye problems (except glasses or contacts)			18. St
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> *	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> *
		4. Ear and/or hearing problems			19. Mi
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> *	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> *
		5. Heart disease, heart attack, bypass, or other heart problems			20. Ne
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> *	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> *
		6. Pacemaker, stents, implantable devices, or other heart procedures			21. Bo
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> *	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> *
		7. High blood pressure			22. Bl
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> *	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> *
		8. High cholesterol			23. Ca
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> *	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> *
		9. Chronic (long-term) cough, shortness of breath, or other breathing problems			24. Ch
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> *	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> *
		10. Lung disease (e.g., asthma)			25. Sl
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> *	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> *
		11. Kidney problems, kidney stones, or pain/problems with			26. Ha

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).

Driver's Comments

Q14 - Diagnosed with anxiety and depression in February 2016.

Examiner's Comments

[Click here](#) to enter the comment on answer to question 14.

Capture the Patient Signature and click Submit

If you have additional comments, add them in this comment text box.

After you are done adding comments, you will capture the **patient's signature** and click **Submit**.

****Always click Submit to save any updates.**

urination

☐ ☒ ☐

• 12. Stomach, liver, or digestive problems

☐ ☒ ☐

• 13. Diabetes or blood sugar problems

☐ ☒ ☐

• 14. Anxiety, depression, nervousness, other mental health problems

☐ ☒ ☐

• 15. Fainting or passing out

☐ ☒ ☐

• 27. Have you ever spent a night in the hospital?

☐ ☒ ☐

• 28. Have you ever had a broken bone?

☐ ☒ ☐

• 29. Have you ever used or do you now use tobacco?

☐ ☒ ☐

• 30. Do you currently drink alcohol?

☐ ☒ ☐

• 31. Have you used an illegal substance within the past two years?

☐ ☒ ☐

• 32. Have you ever failed a drug test or been dependent on an illegal substance?

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).

Medical Examiner's Additional Comments



Patient Signature

Close

Suspend

Submit

 THIS IS A FEDERAL EXAM

Smarter Workflows

Physical Exam tab

DOT Physical Exam

Information

History

Weight & Vision

Hearing

BP & Pulse

Lab

Physical Exam

Certification

PHYSICAL EXAMINATION ⓘ

Fields marked with an asterisk (*) are required.

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"/>

Mark All Normal

To expedite the process, click on the **Mark All Normal** button. You can easily switch to an **Abnormal** response by selecting the check box for the body system.

All abnormal responses will require examiner comment.

Entered comments will appear in this section.

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

Another comment box is available here.

Close

Suspend

Submit

THIS IS A FEDERAL EXAM

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Smarter Workflows

Certification Tab

Select a Certification Status based on the information entered in the previous tabs. Make sure to enter comments if prompted.

Determination Pending will be discussed in Part II.

Patients can opt to receive text updates regarding any changes to their certification. If "Yes" is selected, enter their mobile phone number. This option will allow patients to sign on their smart phone if needed instead of having to return to the office.

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

☐ Wearing Corrective lenses
 ☐ Wearing hearing aid
 ☐ Accompanied by a waiver/exemption (specify type)

☐ Does not meet standards (specify reason)

Explain if "other"

☐ 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

Would you like to provide us a mobile number so that if your certification changes for whatever reason, we can text you the updates for you to sign without having to return to the clinic.

☒ Yes
 ☐ No
 * Mobile Phone Number

Medical Examiner's name:

Address:

City, State, Zip:

Telephone Number:

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:

Restrictions will carry over from previous tabs to this section.

You will capture your signature and the patient's signature on this tab.

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formfox
Smarter Workflows

Patient Signature

The details of the certification will appear in the signature window. The patient will be able to see the certification length, that the exam was amended (if applicable), and any restrictions.

CAPTURE PATIENT SIGNATURE

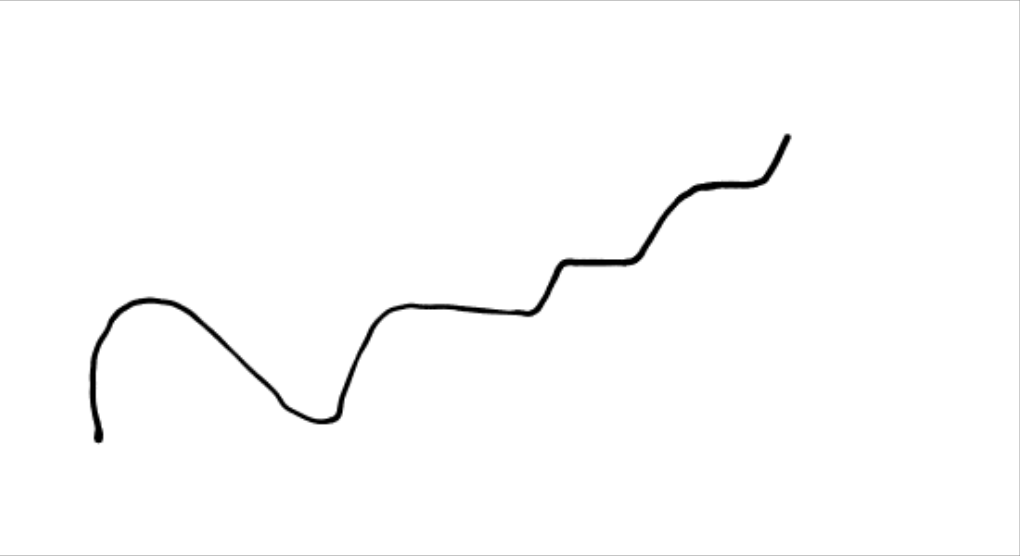
Patient Signature

FMCSA Medical Examiners Certificate

☒ Meets standards in 49 CFR 391.41; qualifies for 2 year certificate

☒ Wearing Corrective lenses

Please install: [Download FormFox Chrome Service](#)



Clear Signature

Accept Signature

Close

To close the signature window without a signature click here.

Close

Distribution of MER and MEC

Both the MER and MEC can be sent to an email address.

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

Send Medical Examination Report to the following email address:

BILLING INFORMATION

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

Examiner must distribute exam documents

You will need to click on both the **Medical Examination Report** and the **Medical Examiner's Certificate** buttons in order to activate the **Finish** button.

Distribution of MER and MEC

If the exam was pre-ordered, both the MER and MEC will automatically be distributed back to the ordering entity.

If the exam was started from scratch, you will need to make sure to distribute the MER and MEC by the communication method easiest for you. (For example, email or fax.)

Additionally, the exam will be automatically reported to the NRCME on the examiner's behalf if the examiner has requested FormFox to be listed as the TPO. If you need additional help with this step, contact the implementation team at 877-376-3691 opt 3 or training@formfox.com.

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

Send Medical Examination Report to the following email address:

BILLING INFORMATION

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

Medical Examination Report

Medical Examiner's Certificate

Suspend

Reprint Medical Examiner's Certificate

Finish

Examiner must distribute exam documents

Part II: Placing a DOT exam in determination pending

FormFox DOT Physical Exam How To Series: Examiner

How to place an exam in Determination Pending

Where: Certification Tab

1. Click on the **Determination Pending (specify reason)** radio button.
2. Select **Return to medical examiner's office for follow up on (must be 45 days or less)** checkbox. The date will auto-populate.
3. Enter the reason for placing the exam in a determination pending status in **the Reason Text** field.

InformationHistory

Weight & VisionHearingBP & PulseLabPhysical ExamCertification

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

☒ Wearing Corrective lenses
☐ Wearing hearing aid
☐ Accompanied by a waiver/exemption (specify type)

Explain if "other"

☐ Skill Performance Evaluation (SPE) Certificate
☐ Driving within an exempt intracity zone (See 49 CFR 391.62)
☐ Qualified by operation of 49 CFR 391.64
☐ Intrastate only☐ Grandfathered from State Requirements

☒ Determination Pending (specify reason): ①

☒ Return to medical examiner's office for follow up on (must be 45 days or less): 12/25/2020 ②
☐ Medical Examination Report Amended (specify reason below):
☐ Incomplete Examination (specify reason below):

Reason Text
Sleep study required. ③

This exam is now set to determination pending. Would the driver like to receive a text with the final determination?
☒ Yes☐ No * Mobile Phone Number 3077524253

Medical Examiner's name: captivate captivate
Address: 1414 S Main Street
City, State, Zip: Salt Lake City, UT 84115
Telephone Number: 8014619527

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:

BILLING INFORMATION

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Smarter Workflows

How to place an exam in Determination Pending

Where: Certification Tab

4. Ask the patient if they would like to receive a text with the final determination.

If “Yes,” enter their Mobile Phone Number in the text field. Selecting this option means that the patient does not have to physically return to the clinic for the amended exam. Instead, they will receive a text requesting their signature for the amended exam. After signing, they will view the completed Medical Examiner’s Certificate.

Note: This setting only works with a smartphone. If the patient does not have a smartphone, select “No.”

If “No,” the patient will need to return to your clinic in order to sign and complete the amended exam.

The screenshot shows the 'Certification' tab in the FormFox interface. At the top, there are navigation tabs: Information, History, Weight & Vision, Hearing, BP & Pulse, Lab, Physical Exam, and Certification (which is active). The 'CERTIFICATION' section has a sub-header 'Note Certification Status Here'. It contains several radio button options for certification status. The 'Determination Pending (specify reason):' option is selected. Under this, 'Return to medical examiner's office for follow up on (must be 45 days or less):' is checked, with a date of 12/25/20 entered. A text field for 'Reason Text' contains 'Sleep study required.' A callout box points to this field with the text: 'The driver has opted to receive a text message to sign their amended certificate. When the certificate is signed, FormFox will electronically distribute the MER and MEC and report the exam to NRCME.' Below the 'Reason Text' field, a red-bordered box highlights a question: 'This exam is now set to determination pending. Would the driver like to receive a text with the final determination?'. The 'Yes' radio button is selected, and a mobile phone number '3077524253' is entered in the adjacent field. A circled number '4' is next to this question. To the right of the 'Reason Text' field, another callout box contains the same text as the first one, with an 'OK' button. Below the highlighted box, the 'Medical Examiner's name' is 'captivate captivate', 'Address' is '1414 S Main Street', 'City, State, Zip' is 'Salt Lake City, UT 84115', and 'Telephone Number' is '8014619527'. There are fields for 'Medical Examiner's Signature' (with a checkmark) and 'Patient Signature'. At the bottom, there are fields for 'Send Medical Examiner's Certificate to the following email address:' and 'Send Medical Examination Report to the following email address:'. The 'BILLING INFORMATION' section is partially visible at the bottom.

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): 12/25/20
☐ Medical Examination Report Amended (specify reason below):
☐ Incomplete Examination (specify reason below):

Reason Text
Sleep study required.

This exam is now set to determination pending. Would the driver like to receive a text with the final determination?
☒ Yes ☐ No * Mobile Phone Number 3077524253

Medical Examiner's name: captivate captivate
Address: 1414 S Main Street
City, State, Zip: Salt Lake City, UT 84115
Telephone Number: 8014619527

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:

BILLING INFORMATION

The driver has opted to receive a text message to sign their amended certificate. When the certificate is signed, FormFox will electronically distribute the MER and MEC and report the exam to NRCME.

OK

How to place an exam in Determination Pending

You will capture your signature as the medical examiner.


The patient's signature is not captured at the time that you place their exam in determination pending.

The patient's signature will be captured when a certification is assigned.

Click on the **Medical Examination Report** button to view the document at this point of the process. After viewing the MER, click on the **Suspend** button. This will place this exam on your **Open Events** page.

This exam is now set to determination pending. Would the driver like to receive a text with the final determination?
☒ Yes ☐ No * Mobile Phone Number

Medical Examiner's name: captivate captivate
 Address: 1414 S Main Street
 City, State, Zip: Salt Lake City, UT 84115
 Telephone Number: 8014619527

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:


BILLING INFORMATION

Generate Result Letter

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**



Part III: Completing a DOT Exam from a determination pending status

FormFox DOT Physical Exam How To Series: Examiner

Open Events – Exams pending determination

When the pending determination exam is ready to be amended, click on the **Exams pending determination radio** button to access the exams on the **Open Events** page.

Open Events

- Click here to view
- ☐ All events
 - ☒ Exams pending determination
 - ☐ Exams pending driver signature

The grid below displays the status of events at your clinic.

Filter Events by Status

Search Events Using of

Type	Authorization #	Donor ID	Donor Name	Scheduled Date/Time	Account #	Account Name	DotTest	Status	Collector	Suspended Date/Time	Text Opt In	Elapsed Time	
PHY	900263	****8888	Quarantini, Julie	11/10/2020 08:56 PM			Yes	Suspended	captivate, captivate	11/10/2020 09:03 PM	Yes	00:01	Delete

How to amend an exam

Where: Certification Tab

1. **Select Medical Examination Report Amended (specify reason below)** checkbox.
2. A pop-up message will appear asking: **“Is the driver present?”**
Clicking “No” will display another pop-up message notifying you about the text message signature process.
3. Enter comments regarding amending the exam in the **Reason Text** field.

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): 12/25/2013

1 ☒ **Medical Examination Report Amended (specify reason below):**

☐ Incomplete Examination (specify reason below):

Reason Text

Sleep study required. **3**

☒ Yes ☐ No * Mobile Phone Number 3077524253

Is the driver present?

Yes No **2**

This driver has opted to receive a text message to sign their certificate. When your edits are complete FormFox will send the updated certificate to the driver. Once the certificate is signed, FormFox will electronically distribute the MER and MEC and report the exam to NRCME.

OK

Where: Certification Tab

4. Select the Certification Status.

Make sure to specify your reason for selecting the certification if prompted.

④

Amend an exam – Patient is present at the clinic

If the patient is present at the time the exam is amended, you will **capture the patient signature**.

Would you like to provide us a mobile number so that if your certification changes for whatever reason, we can text you the updates for you to sign without having to return to the clinic.

☐ Yes ☒ No

Medical Examiner's name: captivate captivate
 Address: 1414 S Main Street
 City, State, Zip: Salt Lake City, UT 84115
 Telephone Number: 8014619527

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:

BILLING INFORMATION

Open and view both the MER and MEC and click **Finish**.

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

Medical Examination Report

Medical Examiner's Certificate

Suspend

Reprint Medical Examiner's Certificate

Finish

Examiner must distribute exam documents

Amend an exam – Patient is not present at the clinic

If the patient opted to sign the amended exam via text, the patient signature button will not be active. Your next step is to open the **Medical Examination Report**.

Click **Finish** after you are done viewing the MER. This action will send a text to the patient with a link to sign the amended exam on their smartphone.

FormFox will report the completed exam to the NRMCE after the patient signs. Additionally, both the MER and MEC will automatically be distributed if the exam was pre-ordered. If the exam was started from scratch, you will need to log into FormFox and print/email both the MER and MEC. The red text underneath the MER will let you know the distribution process.

This exam is now set to determination pending. Would the driver like to receive a text with the final determination?

☒ Yes ☐ No * Mobile Phone Number

Medical Examiner's name: captivate captivate

Address: 1414 S Main Street

City, State, Zip: Salt Lake City, UT 84115

Telephone Number: 8014619527

Medical Examiner's Signature

Patient Signature

Medical Examiner's name: captivate captivate

Address: 1414 S Main Street

City, State, Zip: Salt Lake City, UT 84115

Telephone Number: 8014619527

Medical Examiner's Signature

Send Medical Examination Report to the following email address:

BILLING INFORMATION

Medical Examination Report

Suspend

Finish

THIS IS A FEDERAL EXAM

Examiner must distribute exam documents

Part IV: How to edit a completed exam

FormFox DOT Physical Exam How To Series: Examiner

Completed Exams

View your completed exams on the **Complete/Search** page.

The default view will list the completed events from the past 7 days. To expand this view, switch to a different search criteria. For example, you can search by date collected from the past 30 days.

Home

Pending List

Open Events (3)

Complete/Search

FMCSA Report

System

Reports

Search completed events

Use the drop down menu to search completed events, upcoming events, donor IDs, location, etc.

☐ Search where

Donor ID

Equal to

☐ Search by date

Date Collected

From

☐ 15 days

☐ 30 days

☐ 60 days

☒ View completed events (7 days)

Search

	Type	Authorization #	Donor ID		Donor Name	Collected	Status	Account #	Specimen ID	Account Name	Client Reference ID	Business Owner ID	Paid
<input type="checkbox"/>	PHY	900264	*****2222		Fox, Edward	11/10/2020	OK						<input type="checkbox"/>
	DRG	900240	***2345		Fox, Fred	11/09/2020	OK	CRL.FFOX.DOTTEST.WFTEST	CF01450180				<input type="checkbox"/>
	DRG	900239	***2345		Fox, Fred	11/09/2020	OK	CRL.FFOX.DOTTEST.WFTEST	CF01605003				<input type="checkbox"/>

Editing an exam

DOT Physical Exam

DOT PHYSICAL EXAMINATION DETAIL

Patient Name Edward Fox Company Authorization Number 900264
Social Security No. *****2222 Ordered by captivate captivate Exam Date - Time 11/10/2020 09:20 PM

[Exam Audit Trail](#)

- ☒ Meets standards in 49 CFR 391.41; qualifies for 2 year certificate
☐ Does not meet standards N / P
☐ Meets standards but periodic monitoring required due to N / P
- Driver qualified only for:
☐ 3 months ☐ 6 months ☐ 1 year ☐ Other (N / P)
- ☐ Determination Pending
☐ Return to medical examiner's office for follow up on: N / P
☐ Medical Examination Report Amended (reason specified below):
☐ Incomplete Examination (reason specified below):
N / P
- ☒ Wearing Corrective lenses
☐ Wearing hearing aid
☐ Accompanied by a N / P (N / P) Waiver / exemption. Driver must present exemption at time of certification
☐ Skill Performance Evaluation (SPE) Certificate
☐ Driving within an exempt intracity zone (See 49 CFR 391.62)
☐ Qualified by operation of 49 CFR 391.64
☐ Intrastate only
☐ Grandfathered from State Requirements

Medical Examiner's name: captivate captivate
Address: 1414 S Main Street
City, State, Zip: Salt Lake City, UT 84115
Telephone Number: 8014619527

Medical Examiner's Signature



BILLING INFORMATION

To make edits to an exam, open the exam from your Complete/Search page and click on the **Reopen Exam** button.

A pop-up message will notify you that any changes made to the exam will be saved under the original signature provided.

The changes made to this exam will be saved under the original signature provided.

Are you sure that you want to re-open and edit this completed exam for Edward Fox?

OK

Cancel

Close

Medical Examination Report

Medical Examiner's Certificate


Reopen Exam

Email Medical Examination Report ☐

Email Medical Examiner's Certificate ☐

Enter the recipient's email address here

Send now

 THIS IS A FEDERAL AGENCY

What can I edit?

If you are reopening the exam **during the 7-day grace period**, you can edit all the tabs except for the 32 questions listed on the History tab. If you need to make any edits on this tab, add them in the **Medical Examiner's Additional Comments** text box.

****You cannot update the certification status to either determination pending or incomplete examination during the 7-day grace period.****

DOT Physical 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".

Mark All No

Do you have or have you ever had:

Yes

Not

Yes

Not

1. Head/Brain injuries or illnesses (e.g., concussion)

2. Seizures, epilepsy

3. Eye problems (except glasses or contacts)

4. Ear and/or hearing problems

5. Heart disease, heart attack, bypass, or other heart problems

6. Pacemaker, stents, implantable devices, or other heart procedures

7. High blood pressure

8. High cholesterol

9. Chronic (long-term) cough, shortness of breath, or other breathing problems

10. Lung disease (e.g., asthma)

11. Kidney problems, kidney stones, or pain/problems with urination

12. Stomach, liver, or digestive problems

13. Diabetes or blood sugar problems

14. Anxiety, depression, nervousness, other mental health problems

15. Fainting or passing out

16. Dizziness, headaches, numbness tingling, or memory loss

17. Unexplained weight loss

18. Stroke, mini-stroke (TIA), paralysis, or weakness

19. Missing or limited use of arm, hand, finger, leg, foot, toe

20. Neck or back problems

21. Bone, muscle, joint, or nerve problems

22. Blood clots or bleeding problems

23. Cancer

24. Chronic (long-term) infection or other chronic diseases

25. Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring

26. Have you ever had a sleep test (e.g., sleep apnea)?

27. Have you ever spent a night in the hospital?

28. Have you ever had a broken bone?

29. Have you ever used or do you now use tobacco?

30. Do you currently drink alcohol?

31. Have you used an illegal substance within the past two years?

32. Have you ever failed a drug test or been dependent on an illegal substance?

Other Health Condition(s) not described above

Yes

No

Medical Examiner's Comments

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

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 (CM/V).

Driver's Comments

Q16 - Migraines 2-3 times a month.

Examiner's Comments

Q16 - Recommend follow-up with provider.

Medical Examiner's Additional Comments

Patient Signature

Close

Suspend

Submit

THIS IS A FEDERAL EXAM

Smarter Workflows

Regenerate the updated MER and MEC

If no updates were made, click on one of the other tabs (not certification) to access the **Close button.**

If you make any updates on any of the tabs, make sure to click **Submit**.

To resubmit the updated exam to the NRMCE, you will need to reopen both the MER and MEC. Click on both the **Medical Examination Report** and **Medical Examiner's Certificate** buttons. Click **Finish** to complete the update.

DOT Physical Exam

InformationHistory

Weight & VisionHearingBP & PulseLabPhysical ExamCertification

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

☒ Wearing Corrective lenses

☐ Wearing hearing aid

☐ Accompanied by a waiver/exemption (specify type)

Explain if "other"

☐ Skill Performance Evaluation (SPE) Certificate

☐ Driving within an exempt intracity zone (See 49 CFR 391.62)

☐ Qualified by operation of 49 CFR 391.64

☐ Intrastate only☐ Grandfathered from State Requirements

Would you like to provide us a mobile number so that if your certification changes for whatever reason, we can text you the updates for you to sign without having to return to the clinic.

☒ Yes☐ No

* Mobile Phone Number

Medical Examiner's name: captivate captivate

Address: 1414 S Main Street

City, State, Zip: Salt Lake City, UT 84115

Telephone Number: 8014619527

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:

BILLING INFORMATION

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

Editing after the 7-day grace period – Original Examiner

If you are reopening the exam **after the 7-day grace period** and you are the original examiner, you can only edit the following:

Information Tab: Patient Information

History Tab: Comments can be added in the Medical Examiner's Additional Comments text field.

Certification Tab: Certifications can be changed to **Does not meet standards** or **Meets standards but periodic monitoring required** to options.

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

Fields marked with an asterisk (*) are required.

* First Name Fred * Last Name Fox Middle
* Date of Birth (MM/DD/YYYY) 01/05/1992 * Sex ☒ Male ☐ Female
* Home Phone 8888888888 * Work Phone 5555555555
* Home Address 241 W 200 S
* City Salt Lake City * State Utah * Zip 84101-1366
* Driver License # UT12345 * State of Issue Utah
E-mail (optional)
* CLP/CDL Applicant/Holder? ☒ Yes ☐ No * Driver ID Verified By Drivers License
* Has your USDOT/FMCSA medical certificate ever been denied or issued for less than 2 years? ☐ Yes ☒ No ☐ Not Sure

Medical Examiner's Additional Comments

Patient Signature

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

No immediate concerns with sleep study documentation at this time.

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):

☒ Wearing Corrective lenses

☐ Wearing hearing aid

☐ Accompanied by a waiver/exemption (specify type)

Explain if "other"

☐ Skill Performance Evaluation (SPE) Certificate

☐ Driving within an exempt intracity zone (See 49 CFR 391.62)

☐ Qualified by operation of 49 CFR 391.64

☐ Intrastate only ☐ Grandfathered from State Requirements

Editing after the 7-day grace period – Different Examiner

If you are reopening the exam during or after the 7-day grace period and you are NOT the original examiner, you can only edit the patient's information on the Information tab. You will also see a pop-up message letting you know that you are not the original examiner.

www.formfox.com says

You are not the original examiner and will NOT be able to make any changes on the certification page.

Are you sure that you want to re-open and edit this completed exam for Fred Fox?

OK

Cancel

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

Fields marked with an asterisk (*) are required.

* First Name	Fred	* Last Name	Fox	Middle	
* Date of Birth (MM/DD/YYYY)	01/05/1992	* Sex	<input checked="" type="radio"/> Male <input type="radio"/> Female		
* Home Phone	8888888888	* Work Phone	5555555555		
* Home Address	241 W 200 S				
* City	Salt Lake City	* State	Utah	* Zip	84101-1366
* Driver License #	UT12345	* State of Issue	Utah		
E-mail (optional)					
* CLP/CDL Applicant/Holder?	<input checked="" type="radio"/> Yes <input type="radio"/> No	* Driver ID Verified By	Drivers License		
* Has your USDOT/FMCSA medical certificate ever been denied or issued for less than 2 years? <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Sure					