



Candidate name: _____

Candidate DOB: _____

Dear Healthcare Provider:

Comprehensive Health Services provides occupational health services for the Department of Interior (DOI), and we are responsible for providing the final medical clearance recommendation for participation in arduous duty positions. Your assistance is requested to help CHS determine if this individual can safely perform their essential job tasks without undue risk to themselves or others.

Your professional medical opinion and any supporting documentation such as copies of diagnostic studies, office notes, or dictations on the following items will assist CHS in providing the appropriate medical recommendations to the DOI. Neither CHS nor DOI are responsible for any additional costs associated with obtaining the items listed below. Please sign, date and return this form with relevant supporting documentation to CHS at your earliest convenience.

Thank you for participating in the medical management of this individual.

Sincerely,

Comprehensive Health Services.
Exam Management

As this individual's personal healthcare provider, I confirm that the following are true and accurate regarding this individual's **diabetes**:

<u>YES</u>	<u>NO</u>	<u>N/A or Not Done</u>	(please initial)
___	___	___	Has achieved a stable blood glucose as evidenced by hemoglobin A1C level less than 8% during the prior three-month period.
___	___	___	Copy of hemoglobin A1C test results within last three months attached.
___	___	___	Copy of glucose testing log within last month signed by MD attached.
___	___	___	If on insulin, other injectable, or oral hypoglycemic agent, has had no



episodes of severe hypoglycemia (defined as requiring assistance of another) in the preceding 12 months.

List diabetes medications: _____, _____, _____

Date of last medication change and reason: _____

No medications for diabetes

___ ___ ___ Has had a dilated retinal exam by a qualified ophthalmologist or optometrist within the last 12 months that shows no higher grade of diabetic retinopathy than microaneurysms, as indicated on the International Clinical Diabetic Retinopathy Disease Severity Scale.

___ ___ ___ Has normal renal function based on a calculated creatinine clearance greater than 60 mL/min and absence of proteinuria. Proteinuria is defined as 24-hour urine excretion of greater than or equal to 300 mg of protein or greater than or equal to 300 mg of albumin per gram of creatinine in a random sample.

___ ___ ___ Has no autonomic or peripheral neuropathy.

___ ___ ___ Has demonstrated compliance with treatment and management recommendations, including regular follow-up, self-monitoring, and lifestyle changes.

___ ___ ___ Has normal cardiac function without evidence of myocardial ischemia on cardiac stress testing (to at least 12 METS) by ECG and cardiac imaging (may be deferred to primary care physician or cardiologist)

___ ___ ___ Has no known history of symptomatic orthostatic hypotension.

___ ___ ___ Has no known history of ketoacidosis; if yes, date: _____

Other comments:

(Name/Degree)

(Signature)

(Date)

(Medical Specialty)