



# EASTERNMED

Your Health And Safety Source

## Sleep Apnea Medical Certification

**Driver Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

The above-named commercial motor vehicle driver is under my care for obstructive sleep apnea. He/she is able to perform the duties of the job provided he/she uses a CPAP on a regular basis.

The current compliance report from the employees CPAP clearly indicates that the current CPAP treatment is effectively controlling his/her sleep apnea, and that the employee meets the minimum acceptable compliance of 4 hours of sleep per day on 70% of the days.

The compliance report from the employees CPAP machine **must be dated within the last 30 days and must be included or attached to this form.**

Should you have any question or concerns regarding this document please contact Eastern Med, LLC at (518) 843-6860.

\_\_\_\_\_  
**Physician Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Physician Name:**

\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**Physician Office Address**

**City**

**State**

**Zip Code**

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