



DOT Physical/Drug Screen Form

I, _____, am to take a DOT physical and drug screen at **OSF Occupational Health at St Joseph Medical Center.**

I understand that it is my responsibility to have an acceptable DOT physical and drug screen report from OSF Occupational Health prior to being enrolled in Heartland's CDL class. I also understand that I am responsible for the entire cost of the physical and drug screen.

I hereby authorize OSF Occupational Health to disclose my full DOT physical and drug screen results to Heartland Community College at the address below. These are pre-registration test results as required by the Secretary of State of Illinois.

Student's Signature

Date

Contact information regarding your DOT physical.

**OSF Center for Health -
Occupational Health
Medical Plaza II
1505 Eastland Drive, Suite 1000
309-661-6270
You must make an appointment.
You must have a Photo ID.**

ATTENTION: OSF Occupational Health

Please send all DOT physical and drug screen test results for the above student to:

Laurie Mueller
Truck Driver Training
Heartland Community College
1500 W Raab Rd
Normal, IL 61761
Laurie.mueller@heartland.edu

*If you have questions or need additional information,
Please contact our office at (309) 268-8448.*