



**Workflow Solutions**  
*Simple, Secure, Fast*

*FormFox DOT Physical Exam*  
*Step-by-Step Guide for*  
**DETERMINATION**  
**PENDING EXAMS**

Please be sure that all tabs have been completed before marking an exam as determination pending.

- 1: To mark an exam as determination pending, it is important that you select the determination pending radio dial.
2. Mark the 'Return to medical examiner's office for follow up' box. It will automatically generate a return date.
3. Type in the reason for selecting a 'Determination Pending' status in the 'Reason Text' field.

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 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):  
 Return to medical examiner's office for follow up on (must be 45 days or less): 5/11/2018  
 Medical Examination Report Amended (specify reason below):  
 Incomplete Examination (specify reason below):

**Reason Text**  
Please provide the reason for determination pending status here. |

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

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:

3. Capture both signatures (examiner and patient)
4. Open the medical examination report
5. Click the 'Suspend' button at the bottom of the page to continue

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

**3**

Medical Examiner's Signature	<input checked="" type="checkbox"/>	<i>EXAMINER</i>
Patient Signature	<input checked="" type="checkbox"/>	<i>patient</i>

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.

**4**

Medical Examination Report	Medical Examiner's Certificate	Suspend	Finish
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**5** ↗

Enter remarks and click continue.

**Suspend Test**

Please enter any remarks you would like displayed for future reference.

Determination Pending

Cancel Continue

When a driver with a determination pending exam returns to your site, please follow these steps. Click on the 'Open Events' button.

The screenshot shows the 'Open Events' section of the FormFox interface. On the left sidebar, the 'Open Events (1)' button is circled in red. A red arrow points from this button to the 'Pending Determination Exams' link in the search results area, which is also circled in red. The search results area shows a message: 'No tests were found using the status you selected.'

Then click on the Pending Determination Exams link located next to the 'search' button.

The next step is to select the driver off the 'Open Events' list. Click on the donor's name.

- Home
- Pending List
- Open Events (1)
- Search

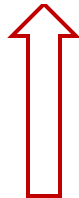
### Open Events

Filter By

Search where  Equal to   [View all](#)

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	Fox_Form	*****9999	03/27/2018 04:02 PM			Yes	Suspended	Jensik, Pamela	03/27/2018 04:21 PM	00:06	<a href="#">Delete</a>



Verify the driver by their last name and photo ID/employer representative.  
Click the 'Submit' button to open the exam.

Open Events

Filter By All Tests

Search where Donor ID Equal to  Search [View all](#)

Tests highlighted in red need your attention and should be taken care of as s

Type	Donor Name	Donor ID	Scheduled Date/Time	Account #	Accou
PHY	Fox, Form	*****9999	03/27/2018 04:02 PM		

### Check Donor ID

**Check Donor ID**

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

**Form Fox - 999999999**

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

Donor verified by photo id or employer representative

Cancel Submit

Scheduled Time	Delete
00:06	Delete

The final step is to amend the exam. You do this by clicking on the certification tab.



You will mark the 'Medical Examination Report Amended' box (1) before you select a certification status (2). You will need to specify a reason in the text box for this change (3).

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 reason for amending exam.

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

Reason Text  
Please provide the reason for determination pending status here.

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

Skill Performance Evaluation (SPE) Certificate  
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Explain if "other"



You can then open and print the MER (4) and the MEC (5). If you are the provider that made the original determination, there is no need to re-sign. However, if you were not the provider to make the original determination, you will need to sign. Click the finish button when the exam has been completed (6).

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

Medical Examiner's Signature



*P. Jensik*

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

Suspend

Reprint Medical Examiner's Certificate

Finish

Provider