



DEPARTMENT OF TRANSPORTATION (DOT) COMMERCIAL DRIVER FITNESS DETERMINATION
CARDIOVASCULAR ASSESSMENT

Patient Name _____ Date _____

DOT Findings: _____

DOT regulations Section 391.41(b)(4) state "A person is physically qualified to drive a commercial motor vehicle if that person: Has no current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis or any other cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse or congestive cardiac failure".

Patient Consent for Release of Medical Information

I, _____ hereby authorize the release of all medical records and reports, including ECG, stress tests, diagnostic imaging, laboratory reports, or other pertinent studies to MedCentral for Commercial Driver Fitness Determination.

Patient Signature _____ DOB _____

Witness _____ Date _____

Statement of Personal Physician or Cardiologist

I have read and understand the DOT regulations cited above and the guidelines pertaining to cardiovascular disease as noted on the back of this form. I verify the above-named individual has no current clinical diagnosis of acute myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or significant peripheral vascular disease. He/she has had no recent syncope, dyspnea, collapse, or congestive heart failure. He/she is hemodynamically stable and in no imminent risk of syncopal episode or other symptoms that would affect his/her ability to safely operate a commercial motor vehicle. He/she has had an ExerciseTreadmill Stress Test or equivalent within the last 2 years achieving at least 6 Metabolic Equivalents. He/she has a documented Myocardial Ejection Fraction of at least 40% and demonstrates no intolerance to their cardiovascular medications. Please enclose the following documentation to support this statement.

Physician Name _____ Date _____

Physician Signature _____

Street _____

City _____ State _____ Zip _____

Phone (_____) _____ Fax (_____) _____

PLEASE BRING THIS FORM AND SUPPORTING DOCUMENTS TO YOUR APPOINTMENT. THANK YOU FOR YOUR COOPERATION.

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CARDIAC CONFERENCE REPORT -- CONDENSED VERSION

These guidelines are an abridgment of a conference report and are intended for use by primary health care providers who examine commercial motor vehicle (CMV) driver applicants. The FMCSA criteria on cardiac disorders was examined during a conference by a panel of specialists who set forth guidelines for specific use in the evaluation of CMV drivers in interstate commerce.

With Angina Pectoris

Initial certification: For "mild" or "moderate" angina: evaluation by a specialist (usually a cardiologist), no change in angina pattern within three months of examination (unstable angina), no ischemic changes on a resting ECG, negative EST, and no intolerance to their cardiovascular medication. Angina more than "moderate" is disqualifying.

Follow-up: Yearly evaluation by a specialist (usually a cardiologist), annual recertification, and EST every 2 years is recommended.

After Percutaneous Transluminal Coronary Angioplasty (PTCA)

Initial certification: At least one-week post-PTCA. The 2002 Cardiovascular Guidelines recommend clearance by a specialist (usually a cardiologist) and tolerance to their cardiovascular medications. The CMV driver is not certified if there is incomplete healing or complication at the vascular access site, angina at rest or ischemic ECG changes.

Follow-up: Yearly evaluation by a specialist (usually a cardiologist), annual recertification, and EST every 2 years is recommended.

After Myocardial Infarction

Initial certification: The CMV driver should meet the general certification criteria for CHD: clearance by the specialist (usually a cardiologist), asymptomatic with no angina, a post-MI resting ejection fraction greater than or equal to 40% and tolerance to their cardiovascular medications. The CMV driver is disqualified for at least the first 2 months after their MI because of the increased risk of death. The CMV driver should have a satisfactory EST and have no ischemic changes on their resting ECG.

Follow-up: Yearly evaluation by a specialist (usually a cardiologist), annual recertification, and EST every 2 years is recommended at a minimum

After Coronary Artery Bypass Surgery

For initial certification: At least three months post-surgery to minimize the risk of improper sternal wound healing from upper body manual labor. Clearance by a specialist (usually a cardiologist). A resting echocardiogram with a ejection fraction of greater than or equal to 40% post CABG, asymptomatic with no angina and tolerance to their cardiovascular medications. An EST is NOT required before return to work.

Follow-up: Yearly recertification. After five years a yearly EST is recommended because of the accelerated rate of graft closure. The CMV driver is held to the same EST standards as the CMV driver with CHD. The examiner should have a low threshold for requiring stress-imaging studies, especially five years or more after CABG.