



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

Patient Name \_\_\_\_\_

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 pertinent medical records and reports to Manhattan Primary Care 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. Driver has had no recent syncope, dyspnea, collapse, or congestive heart failure. Driver is hemodynamically stable and in no imminent risk of syncopal episode or other symptoms that would affect their ability to safely operate a commercial motor vehicle. Please see abridged requirements for studies on page 2. Please enclose the following documentation to support this statement.

Physician Name \_\_\_\_\_ Date \_\_\_\_\_

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

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Please send this form and supporting documents to the address or fax listed below. Thank you for your help in obtain certification for this driver. If you have any questions, please contact Manhattan Primary Care.



## **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 (exercise stress test), and no intolerance to their cardiovascular medication. Angina more than "moderate" is disqualifying.

Follow-up: Yearly evaluation by 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 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 Cardiologist, annual recertification, and EST every 2 years is recommended.

### **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 an 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 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.

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.