

Cardiology Assessment for DOT Certification

Patient: _____ DOB: _____
Employer: University of Delaware

Federal Highway Administration Regulation:

Cardiovascular Guideline:

A person is not considered safe to operate a commercial motor vehicle if that person has a current clinical diagnosis of myocardial infarction, angina, coronary insufficiency, thrombosis, or cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse or congestive heart failure. They must have an ejection fraction of 40% or greater.

During the evaluation of your patient, it has become necessary to gather more information on their current health status with regards to heart disease. We are requesting information from you, the cardiologist, in order that we may more appropriately evaluate your patient for fitness to safely drive a commercial vehicle.

Statement of Cardiologist

Patient is under my care for:

- | | |
|--|---|
| <input type="checkbox"/> After Myocardial Infarction | <input type="checkbox"/> Supraventricular Tachycardia |
| <input type="checkbox"/> With Angina Pectoris | <input type="checkbox"/> Pacemaker |
| <input type="checkbox"/> After Coronary Artery Bypass Surgery | <input type="checkbox"/> Cardiomyopathy |
| <input type="checkbox"/> After Percutaneous Transluminal Coronary Angioplasty (PTCA) | |
| <input type="checkbox"/> Other _____ | |

I have read and understand the attached DOT guidelines pertaining to cardiovascular disease. I verify that 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 vehicle. I verify that the stress test (if required by the DOT guidelines) is normal. I also verify that the LVEF (where required), is 40% or greater. I am enclosing appropriate documentation, if applicable, to support this statement.

Date of last stress test: _____ (please forward copy of result)

Ejection fraction and date (if known): _____

Please send or fax the completed/signed form to the address or fax number above

Name: _____ Date: _____
Signature: _____
Address: _____
Phone: _____ Fax: _____

Consent for Release of Medical Records

I, «**PatientFirstLastName**» hereby authorize the release of all the medical records and reports, including EKG, Stress tests, Echocardiogram, radiographic studies or other pertinent studies to University of Delaware Nurse Managed Health Center for evaluation of my ability to obtain a commercial driver's license.

Patient Signature: _____ Date: _____

Department of Transportation (DOT) Guidelines for Certification Related to Cardiovascular Disease

Definitions: **EST** (exercise stress test); **TST** (thallium stress test); **Negative EST** (<1mm ST depression or elevation and no sign of dysrhythmia, <40mm rise in systolic BP); **LVEF** (left ventricular ejection fraction).

Certification after Myocardial Infarction

- At least 2 months post infarction
- Examination and clearance by a cardiologist
- Asymptomatic
- Post MI resting LVEF of 40% or greater
- Tolerance to cardiovascular medications
- Negative EST within past 2 years achieving greater than 6 METS, and no ischemic changes on resting ECG

Certification with Angina Pectoris

- Normal EST at a minimum of every 2 years
- Normal resting ECG
- No angina at rest or change in angina pattern within 3 months of exam
- Tolerance to cardiovascular medications

Certification after Coronary Artery Bypass Surgery

- At least 3 months post surgery
- Resting Echocardiogram with LVEF of 40% or greater after CABG
- Asymptomatic
- Tolerance to cardiovascular medications
- EST is not required before returning to work
- After 5 years, a yearly EST is recommended (Radionuclide stress testing or echocardiographic imaging is indicated if the EST or resting ECG are abnormal)

Certification after Percutaneous Transluminal Coronary Angioplasty (PTCA)

- At least 1 week post PTCA
- Tolerance to cardiovascular medications
- Asymptomatic without angina
- Complete healing of the vascular access site
- No ischemic ECG changes
- Normal EST at a minimum of every 2 years and/or Normal EST 3-6 months following PTCA

Certification with Supraventricular Tachycardias (Atrial Fibrillation, Atrial Flutter, Atrial Tachycardia, AVNRT, AVRT, WPW)

- Asymptomatic
- If indicated, Anticoagulated adequately for at least one month
- If indicated, Anticoagulation monitored by at least monthly INR
- Adequate rate/rhythm control
- Atrial Flutter: all the above; plus, Ablation performed more than one month ago, Arrhythmia successfully treated, Cleared by electrophysiologist

Certification with Pacemaker

- Asymptomatic
- Documented pacemaker checks
- For Sinus Node Dysfunction and Atrioventricular (AV) Block: Pacemaker implanted one month or more ago
- For Neurocardiogenic Syncope and Hypersensitive Carotid Sinus with Syncope: Pacemaker implanted 3 months or more ago

Certification with Cardiomyopathy

- Asymptomatic
- LVEF >40%