DOT Physical: Cardiovascular Disease- Provider Letter/Status Report

RE: _____ SS # _____

Dear Dr. _____

Your patient is scheduled for a medical examination for certification as commercial driver and/or mobile equipment operator under Federal Motor Carrier Safety Administration (FMCSA) regulations. Due to a history of cardiovascular disease, The Occupational Health Center at Chester County Hospital Penn Medicine has requested that the following information be provided from the treating health care provider for documentation of treatment and effective control of this medical condition.

We appreciate your assistance in evaluating your patient and providing the necessary information and documentation requested below in order for us to determine if this individual qualifies for medical certification. In some cases a primary care physician report will be sufficient; in others a cardiologist status report is required as indicated below.

____ In this case, the Primary Healthcare Provider can complete this form for the employee if able to do so.

____ In this case, a Cardiologist's status report is required.

Thank you for your assistance.

_____ _____
Occupational Health Examiner Date

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Please complete below and fax to The Occupational Health Center at 610-738-2471.
Refer to the reverse side for required testing and provide documentation of results.

How long have you been treating this patient?_____
What is the patient's current diagnosis and date of onset?_____
_____

Please list current medications and dose_____
_____

Is your patient's condition considered stable? Yes_____ No_____
If no, please explain: _____
_____

In your medical opinion, is this person able to safely operate a commercial motor vehicle or mobile equipment given the complex physical and mental requirements? Yes_____ No_____

If no, please comment_____
_____

Signature:_____Date:_____

Physician Name _____ Tel. #_____

Required Documentation

Please fax to The Occupational Health Center @ 610-738-2471
Please provide reports of all periodic testing.

_____Results of Exercise Stress Test (please provide copy of report)
___s/p AMI @ before RTW, @ 1 yr post MI, q 2 yrs to age 55.
___s/p CABG @ 5 yrs post CABG, annual ETT
___s/p PCI @ 6 mos post PCI, q 2 yr post PCI
___Valvular Heart Disease prn
___s/p Valve Replacement prn
___Congenital Heart Disease

_____Results of Echocardiogram (recommended testing frequency depends on Dx and severity)
___s/p AMI
___s/p CABG
___Valvular Heart Disease
___Cardiomyopathy
___Congenital Heart Disease

_____Results of 24 hour cardiac monitor
___Cardiac Arrhythmia prn

_____Results of Other Studies
____Cardiac Catheterization
____EPS Study

_____Lab Results
___INR 2.0-3.0
___other chemistries_____