

DOT Cardiac – Chronic History

Patient Name: _____ Date of Birth: _____

Provider: _____ Date of Physical: _____

To Be Completed By: _____ Date of Last Exam: _____

The above named patient has reported a history of that occurred on: _____

Myocardial Infarction "Cpi kpc'Rgevtku" "C v kcn Hdt km v qp "Qvj gt

Coronary Artery Bypass Surgery "Cpi kqr nuv IREK" "Ectf kqo {qr cvj {

**To comply with DOT guidelines, see below.

1. Diagnosis (es):
2. Date of last treadmill: _____ Last echo/EF: _____ (must be \geq 40%)
3. Results (copy of report):
4. Cardiology clearance/restrictions:

Post coronary bypass (CABG) - - An echo documenting that the LV ejection fraction is \geq 40%. A negative ETT is no longer needed initially, but is required at the 5th anniversary and every qpg^{*1}+year thereafter.

Post MI/Stable Angina - - If stable/asymptomatic, negative ETT every 2 years is recommended.

PCI - - If stable/asymptomatic, negative ETT every 2 years is recommended.

Healthcare provider opinion: *In the interest of public safety the certifying medical examiner is required to certify that the driver does not have any physical, mental, or organic defect of such a nature as to affect the driver's ability to safely operate a commercial motor vehicle.* Based on your knowledge of this individual's medical condition, do you feel this individual is compliant and asymptomatic with adequate control?

Please ungev one: Yes No

Physician's signature: _____ Date: _____

Printed name: _____

Phone number: _____

Thank you for providing the above information. Please attach a copy of the requested results and fax this form and results to MedStat at 574-372-7684.

I authorize your office to release the above medical information to MedStat.

Patient Signature: _____ Printed name: _____