MRN:_____

Date form is due: _____

Penn Medicine
Lancaster General Health

Coronary Artery Bypass Graft (CABG)
Annual DOT Recertification

Department of Transportation (DOT) regulations state that a person is qualified to operate a commercial motor vehicle after coronary artery bypass grafting (CABG) if that person "has no 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."

Annual recertification is dependent upon annual examination and approval by the treating cardiologist, absence of symptoms, and tolerance of all cardiovascular medications. Exercise tolerance test or equivalent should be performed at 5 years and annually thereafter. Achievement of >6 METS without ischemia, dysrhythmias or elevated blood pressure is required for continued CMV certification.

Full FMCSA guidelines are available electronically at: http://www.fmcsa.dot.gov/rulesregs/cardio.htm

Patient consent for release of Medical Information

I, _____hereby authorize the release of medical records and reports to Lancaster General Health Occupational Medicine.

Patient Signature_____ Date_____
Date of Birth:_____

Statement of Personal Physician

This patient had CABG on (date)_____.

Exercise tolerance test is needed for renewal if five years or longer post CABG. Test must be annual and exercise to 6 METS per FMCSA guidelines.

Please attach results.

I verify that this individual meets the criteria for safe operation of a commercial motor vehicle after CABG as described above. There is no imminent risk for syncope, adverse effects from medications or end organ damage that would likely affect ability to safely operate a commercial motor vehicle. This individual has received counseling with regards to the need for regular monitoring and has been compliant with recommendations for management.

Please list medications and dosages prescribed:

Physician Name/Signature_____Date _____

Occupational Medicine
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