

Date: _____

Patient's Name: _____ DL#: _____

Has a history of MI/CABG on ____/____/____.

Dear Cardiologist:

Your patient is applying for commercial driver, Department of Transportation medical certification.

In order to qualify after **Coronary Artery Bypass Graft (CABG)**, he must meet the following criteria.

1. Driver must be at least 3 months post CABG;
2. Examination and approval by the treating cardiologist before resuming commercial driving;
3. Asymptomatic;
4. Beginning 5 years post-CABG, annual ETT showing no ventricular dysrhythmias;
5. No ischemic signs or symptoms;
6. Tolerance of all cardiovascular medications with no orthostatic symptoms;
7. Resting echocardiogram at the time of the first qualifying examination after CABG. Disqualification occurs in the presence of a LVEF <40%.

In order to qualify after **Myocardial Infarction (MI)**.

1. At least 2 months post-MI;
2. Cleared by cardiologist;
3. No angina;
4. Post-MI ejection fraction = or >40% (by echocardiogram or ventriculogram);
5. Tolerance to current cardiovascular medications;
6. Biennial ETT at minimum.

Cardiovascular Advisory Panel Guidelines for the Medical Examination of Commercial Motor Vehicle Drivers can be found at: www.fmcsa.dot.gov/rulesregs/medreports.htm

_____ **Please provide documentation (office notes, copies of testing) that shows the above criteria has been met.**

This individual qualifies under the Federal Motor Carrier Safety Administration guidelines listed above.

Cardiologist Signature: _____ Phone: _____

Printed Name: _____ Date: _____

Please sign and fax this letter back to COM. If you are unable to sign this, please let us know.