

Date _____

RE: _____ SSN: _____

Dear Doctor,

Your patient was seen today in our office for a physical examination required for commercial driving. I learned of his/her cardiac history. I need information from you before I can make a determination of his/her ability to safely operate a motor vehicle.

According to the Federal Motor Carrier Safety Administration, "A person is not considered safe to operate 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." (For a copy of the physical requirements, go to http://www.fmcsa.dot.gov/safetyprogs/spe_pdfs/Medical_Report.pdf)

Attached are the latest guidelines for the examinee's cardiac condition and a list of the information required before a final decision on certification can be made.

In order to make a decision about your patient I need some additional information. To make reporting this information as easy as possible, I am asking you to complete the questions on this form provide the information checked on the attached page, enter your office address and phone number, sign the form, and fax it back to us. Attach any pertinent reports.

WE CAN NOT ISSUE A DOT OR SCHOOL BUS DRIVER'S CARD UNTIL THIS INFORMATION IS RECEIVED. IF WE DON'T RECEIVE THIS INFORMATION WITHIN 2 WEEKS, THE EXAMINEE WILL FAIL THE EXAMINATION.

Thanks for your help and feel free to call if you have any quesitons.

Sincerely yours,

Richard J. Sagall, M.D.

Physician's Name _____

Address _____

Phone _____

Current Medications: _____

I believe this patient's cardiovascular disease is not likely to cause symptoms of syncope, dyspnea, collapse, or congestive cardiac failure and this patient can safely fulfill the requirements of a commercial driver.

Signature _____ Date _____