

Cardiac Condition Check List

In order to complete our evaluation of the this driver's cardiac condition, I must receive the interpretation of the items checked. There is no need to send a copy of all the information generated by the test.

This request is in accordance with the recommendations of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration's **Cardiovascular Advisory Panel Guidelines for the Medical Examination of Commercial Motor Vehicle Drivers**, published October, 2002.

_____ Electrocardiogram

_____ Exercise Tolerance Test

_____ Imaging Stress Test

_____ Cardiologist's evaluation including details on current symptoms and ability to complete the duties of a truck driver (complete report)

_____ Echocardiogram

_____ 24 hour Holter monitor

_____ Documentation of pacemaker checks

_____ Doppler echocardiogram