DOT Cardiology Follow-up Letter

Employee Name_____ Date of Birth_____

According to the Federal Motor Carrier Safety Administration (FMCSA) recommendations, the medical provider below requires clearance and documentation from your cardiologist. *Show this letter to your cardiologist* who should *provide all of the requested under the Certification or Re-certification box*, along with signing the section at the bottom of this page. Please have your doctor *enclose your test results* when sending these documents to Minnesota Occupational Health.

✓	Diagnosis	DOT Certification	DOT Re-certification
	Post-MI (heart attack)	• At least 2 months waiting period post-MI • No recurring angina symptoms • Post MI EF greater than 40% • Tolerance to medication	• ETT every 2 years • Tolerance to medication • Cardiologist evaluation
	Post-PCI (e.g. stents)	• At least 1 week after procedure • No complication at vascular access site • No ischemic changes on ECG • Tolerance to medication	• ETT every 2 years • Tolerance to medication • Cardiologist evaluation
	Post-CABG (bypass)	• At least 3 months waiting period post-procedure • LVEF greater than 40% • Asymptomatic • Tolerance to medication	• ETT every 2 years • Tolerance to medication • Cardiologist evaluation

DOT Examiners Signature_____ DATE_____

Please send to: Minnesota Occupational Health

☐ 1400 Corporate Center Curve, Ste 200, Eagan, MN 55121	FAX: (651) 730-3523
☐ 1661 St. Anthony Ave, 2nd Floor, St. Paul, MN 55104	FAX: (651) 646-0205
☐ 10230 Baltimore Street NE, Blaine, MN 55449	FAX: (651) 730-3516
☐ 4360 12th Ave East, Shakopee, MN 55379	FAX: (651) 730-3551

TO BE COMPLETED BY YOUR TREATING PHYSICIAN / MEDICAL PROVIDER

☐ Yes ☐ No I attest that the driver's condition is under adequate control and that he/she is experiencing no complications that would prevent him/her from safely operating a commercial vehicle.

☐ Test results enclosed / included.

Treating Provider PRINTED Name _____

Date_____ Provider

Signature_____ Phone_____