



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 Recertification 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)	<ul style="list-style-type: none">At least 2 months waiting period post-MINo recurring angina symptomsPost MI EF greater than 40%Tolerance to medication	<ul style="list-style-type: none">ETT every 2 yearsTolerance to medicationCardiologist evaluation
	Post-PCI (e.g. stents)	<ul style="list-style-type: none">At least 1 week after procedureNo complication at vascular access siteNo ischemic changes on ECGTolerance to medication	<ul style="list-style-type: none">ETT every 2 yearsTolerance to medicationCardiologist evaluation
	Post-CABG (bypass)	<ul style="list-style-type: none">At least 3 months waiting period post-procedureLVEF greater than 40%AsymptomaticTolerance to medication	<ul style="list-style-type: none">ETT every 2 yearsTolerance to medicationCardiologist evaluation

DOT Examiner Signature: _____

Date: _____

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 Name: _____

Date: _____

Provider Signature: _____

Phone: _____

Please have your provider forward the requested information to:

- ☐ **Coon Rapids Location:** 600 Coon Rapids Boulevard NW, Coon Rapids, MN
- ☐ **Eagan Location:** 1400 Corporate Center Curve, Suite 200, Eagan, MN
- ☐ **Shakopee Location:** 4360 12th Avenue E, Shakopee, MN
- ☐ **St. Paul Location:** 1661 St. Anthony Avenue, 2nd Floor, St. Paul, MN
- ☐ **Woodbury Location:** 4123 Radio Drive, Woodbury, MN

Phone: (651) 968-5300

Fax: (651) 730-3516

Phone: (651) 968-5300

Fax: (651) 730-3523

Phone: (651) 968-5300

Fax: (651) 730-3551

Phone: (651) 968-5300

Fax: (651) 646-0205

Phone: (651) 968-5300

Fax: (651) 730-3574

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