

MRN: _____

Date form is due: _____



Hypertension Recertification

Department of Transportation (DOT) regulations state that a person is qualified to operate a commercial motor vehicle if that person “has no clinical diagnosis of high blood pressure likely to interfere with ability to operate a commercial motor vehicle safely.” For individuals diagnosed with hypertension, regulations permit re-certification for up to 12 months, as long as satisfactory control (<140/90 mmHg) is maintained and can be documented. If driver does not have documentation of satisfactory control at the time of examination, a single 3-month re-certification will be issued to allow documentation to be obtained. If the blood pressure is above 140/90, but below 160/100 during the annual re-certification examination, then a single 3-month certification may be issued to allow driver to document continued satisfactory control.

Full FMCSA guidelines are available electronically at:
<http://www.fmcsa.dot.gov/rulesregs/cardio.htm>

Patient consent for release of Medical Information

I, _____ hereby authorize the release of medical records and reports to Lancaster General Health Occupational Medicine.

Patient Signature _____ Date _____
Date of Birth: _____

Statement of Personal Physician

I verify that this individual’s blood pressure is under satisfactory control and presents no imminent risk for syncope, adverse effects from medications or end organ damage that would likely affect ability to safely operate a commercial motor vehicle. This individual has received counseling with regards to the need for regular blood pressure monitoring and has been compliant with recommendations for management.

Please include documentation of three blood pressure readings from recent visits.

Date _____ BP _____ Medications and dosages: _____

Date _____ BP _____ If NO medication needed, check here _____

Date _____ BP _____

Physician Name/Signature _____ Date _____