MRN:	
Date form is due:	



## Percutaneous Coronary Intervention (PCI) Annual Recertification

Department of Transportation (DOT) regulations state that a person is qualified to operate a commercial motor vehicle after PCI if that person "has no clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or any other cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse or congestive cardiac failure."

For individuals undergoing PCI, recertification is dependent upon yearly examination and approval by the treating cardiologist, absence of ischemic symptoms, and tolerance of all cardiovascular medications. Satisfactory completion of an ETT to at least 6 METS is recommended every 2 years.

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

http://www.fmcsa.dot.gov/rulesregs/cardio.htm		
Patient consent for release of Medical Information		
I,h and reports to Lancaster General Health Occupation	nereby authorize the release of medical records onal Medicine.	
Patient Signature Date of Birth:		
Statement of Treating Physician		
This patient had PCI forMI,unstable a (date)	angina,stable angina on	
Stress testing with documented workload capacity ischemia is required every 2 years after PCI in ord vehicle.		
Please attach a copy of the most recent stress	test.	
I verify that this individual meets the criteria for corvehicle as described above. There is no imminent medications or end organ damage that would likely motor vehicle. This individual has received counse monitoring and has been compliant with recommendations.	risk for syncope, adverse effects from y affect ability to safely operate a commercial eling with regards to the need for regular	
Please list medications and dosages prescribe	d:	
Physician Name/Signature	Date	
Occupational Medicine 2110 Harrisburg Pike, Ste. 21   PO Box 3200   Lanca Secure Fax (717) 544-3167   www.LancasterGenera		