

MRN: \_\_\_\_\_

Date form is due: \_\_\_\_\_



### **Idiopathic Dilated Cardiomyopathy**

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 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.”

Certification is dependent upon examination and approval by the treating cardiologist based on absence of CHF symptoms, no ventricular dysrhythmias, LVEF > 40% - 50%, and tolerance of all cardiovascular medications.

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 Treating Physician**

I verify that this individual meets the criteria for safe operation of a commercial motor vehicle as described above. There is 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 monitoring and has been compliant with recommendations for management.

This patient has a diagnosis of idiopathic dilated cardiomyopathy. I verify that there is no diagnosis of restrictive, ischemic or hypertrophic cardiomyopathy; that there are no symptoms of CHF; that Holter monitor showed NO ventricular dysrhythmias, and that the LVEF is greater than 40 %.

Please attach Holter monitor and echo results.

**Please list medications and dosages prescribed:**

Physician Name/Signature \_\_\_\_\_ Date \_\_\_\_\_