

MRN: _____

Date form is due: _____



Hypertension (Initial Diagnosis)

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.” Regulations require the blood pressure to be at or below 140/ 90-mmHg without medication in order to qualify for a full 2 year medical certification.

Subsequently, annual certification may be issued for up to 12 months, as long as satisfactory control (<140/90-mmHg) is maintained and can be documented. If the blood pressure is above 140/90-mmHg, but below 160/100-mmHg during the annual re-certification examination, then a single 3-month certification may be issued to permit time to achieve and document adequate control (<140/90-mmHg).

During a recent commercial motor vehicle (CMV) driver’s medical certification examination an elevated blood pressure was found. A temporary medical certification has been issued to allow sufficient time to establish a diagnosis, to assure satisfactory control (BP <140/90-mmHg) is achieved, and to gather required documentation. Without appropriate documentation of satisfactory control, this patient may be disqualified from CMV driving duties.

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’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 normal blood pressure readings (<140/90-mmHg) within the last 3 months.

Date _____ BP _____ Medications and dosages: _____

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

Date _____ BP _____

Physician Name / Signature _____ Date _____

Occupational Medicine

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