RoadReadyMed

DOT Medical Clearance Request

Restrictive Cardiomyopathy

In accordance with Federal Motor Carrier Safety Administration (FMCSA) guidelines, we respectfully request your professional opinion regarding this driver's ability to safely operate a commercial vehicle given their diagnosis of **Restrictive Cardiomyopathy**. Per 49 CFR §391.41(b)(8) and §391.41(b)(12) and the 2024 FMCSA Medical Examiner's Handbook, this condition is recognized as effectively disqualifying due to the risk of sudden loss of consciousness or excessive daytime sleepiness that may impair the safe operation of a commercial motor vehicle. The medical examiner requires specialist documentation prior to making a certification determination.

PATIENT NAME	DATE OF BIRTH

FMCSA Guidelines — Restrictive Cardiomyopathy

Note: Per the 2024 FMCSA Handbook, restrictive cardiomyopathy (RCM) is evaluated case-by-case based on etiology, functional severity, arrhythmia burden, and symptom status. Common etiologies include cardiac amyloidosis, sarcoidosis, hemochromatosis, and idiopathic RCM. The medical examiner must assess diastolic function, filling pressures, and exercise tolerance.

For certification, please confirm:

- Confirmed etiology of restrictive cardiomyopathy (e.g., amyloidosis, sarcoidosis, hemochromatosis, idiopathic) and date of diagnosis
- Most recent echocardiogram results — LVEF, diastolic function grade, filling pressures, and biatrial size
- Driver is currently asymptomatic or minimally symptomatic — NYHA Class I or II with no exertional syncope, presyncope, or angina
- Ambulatory cardiac monitoring results within the past 12 months — no sustained ventricular arrhythmia, high-degree AV block, or paroxysmal AF with rapid ventricular response
- Underlying etiology is being treated or is stable — systemic disease (e.g., amyloid, sarcoid) is under specialist management
- No ICD or permanent pacemaker implanted for RCM-related arrhythmia unless separately cleared per FMCSA device standards

The following are disqualifying:

- NYHA Class III or IV heart failure symptoms — exertional dyspnea, orthopnea, or peripheral edema not controlled on optimal therapy
- Sustained ventricular tachycardia, ventricular fibrillation, or high-degree AV block on ambulatory monitoring or prior cardiac arrest
- Severe diastolic dysfunction with markedly elevated filling pressures or hemodynamic compromise on echocardiography
- Cardiac amyloidosis or sarcoidosis with **high arrhythmia burden or conduction system disease** requiring ICD placement
- Syncope or presyncope of cardiac origin attributable to RCM within the past 12 months

RoadReadyMed

DOT Medical Clearance Request

Restrictive Cardiomyopathy

Commercial Driver Physical Demands

Commercial motor vehicle operation places substantial physical demands on drivers that extend well beyond the act of driving. Drivers are routinely required to load and unload cargo, couple and uncouple trailers requiring full range of motion to climb, grip, and pull, lift and install tire chains weighing between 35 and 90 pounds, and tarp open trailers requiring lifting motions of 50 to 100 pounds — often after extended periods of sitting without a stretching period. In addition to these labor demands, drivers must maintain sustained perceptual alertness, control an oversized steering wheel, operate manual transmissions, maneuver large vehicles in confined spaces, and safely enter and exit the cab, which is physically comparable to climbing a ladder. These combined physical and cognitive demands should be carefully considered when determining this driver's fitness for commercial driving duties.

Provider Certification

- ☐ **CLEARED** — The driver meets the above requirements and in my clinical opinion is medically cleared to safely operate a commercial motor vehicle.
- ☐ **NOT CLEARED** — The driver does not meet the above requirements and in my clinical opinion cannot safely operate a commercial motor vehicle at this time.
- ☐ **CLEARED WITH DISCRETION** — The driver does not meet one or more guidelines; however, in my clinical opinion the driver is safe to operate a commercial motor vehicle for the following reason(s):

_____

_____

_____

_____

PROVIDER NAME (PRINT)	SPECIALTY / TITLE	DATE
PROVIDER SIGNATURE	ADDRESS (CITY, STATE, ZIP)	PHONE / FAX

This form must be completed and signed prior to the scheduled examination date. A physician office stamp is strongly recommended to validate the authenticity of this document. Incomplete or unstamped forms may delay the certification process. Thank you for your cooperation in supporting the safe operation of commercial motor vehicles on our nation's roadways. **RoadReadyMed.com**