RoadReadyMed

DOT Medical Clearance Request

Peripheral Artery Disease (PAD)

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 history of **Peripheral Artery Disease (PAD)**. The medical examiner requires specialist documentation prior to making a certification determination.

PATIENT NAME	DATE OF BIRTH

FMCSA Guidelines — Peripheral Artery Disease (PAD)

Note: Per the 2024 FMCSA Handbook (§4.13.6), peripheral artery disease is evaluated based on functional limb status, symptom severity (Fontaine classification), and ability to perform the physical demands of commercial driving. The medical examiner must assess whether limb ischemia, claudication, or medication effects impair safe vehicle operation.

For certification, please confirm:

- Confirmed PAD diagnosis with affected extremity/extremities, Fontaine or Rutherford classification, and most recent ABI (ankle-brachial index) or vascular imaging results
- Symptom status: asymptomatic (ABI-confirmed), claudication only with exertion, rest pain, or tissue loss — specify current functional stage
- For claudication: symptoms do not occur at rest or with low-level activity required for CMV physical demands (pedal operation, cab entry/exit, cargo handling)
- If revascularization performed (PTA, stenting, or bypass): procedure date, vessel treated, and post-procedure ankle-brachial index confirming improved perfusion
- Current medication regimen reviewed — antiplatelet or anticoagulant agents documented; no significant orthostatic hypotension or CNS side effects from vasoactive medications
- No active critical limb ischemia — no rest pain, ischemic ulceration, or gangrene; limb function is adequate for pedal operation of a CMV

The following are disqualifying:

- Critical limb ischemia — rest pain, ischemic ulceration, or gangrene in any extremity
- Functional claudication at low exercise intensity that would impair performance of CMV physical demands or safe pedal control
- Recent major vascular surgery or endovascular intervention with recovery period not yet completed (minimum 4 weeks post-procedure)
- Peripheral neuropathy or significant limb weakness secondary to PAD **impairing pedal sensation or control** required for safe CMV operation
- Associated cardiovascular comorbidity (recent MI, unstable angina, or severe aorto-iliac disease) that is independently disqualifying under FMCSA cardiovascular standards

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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):

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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**